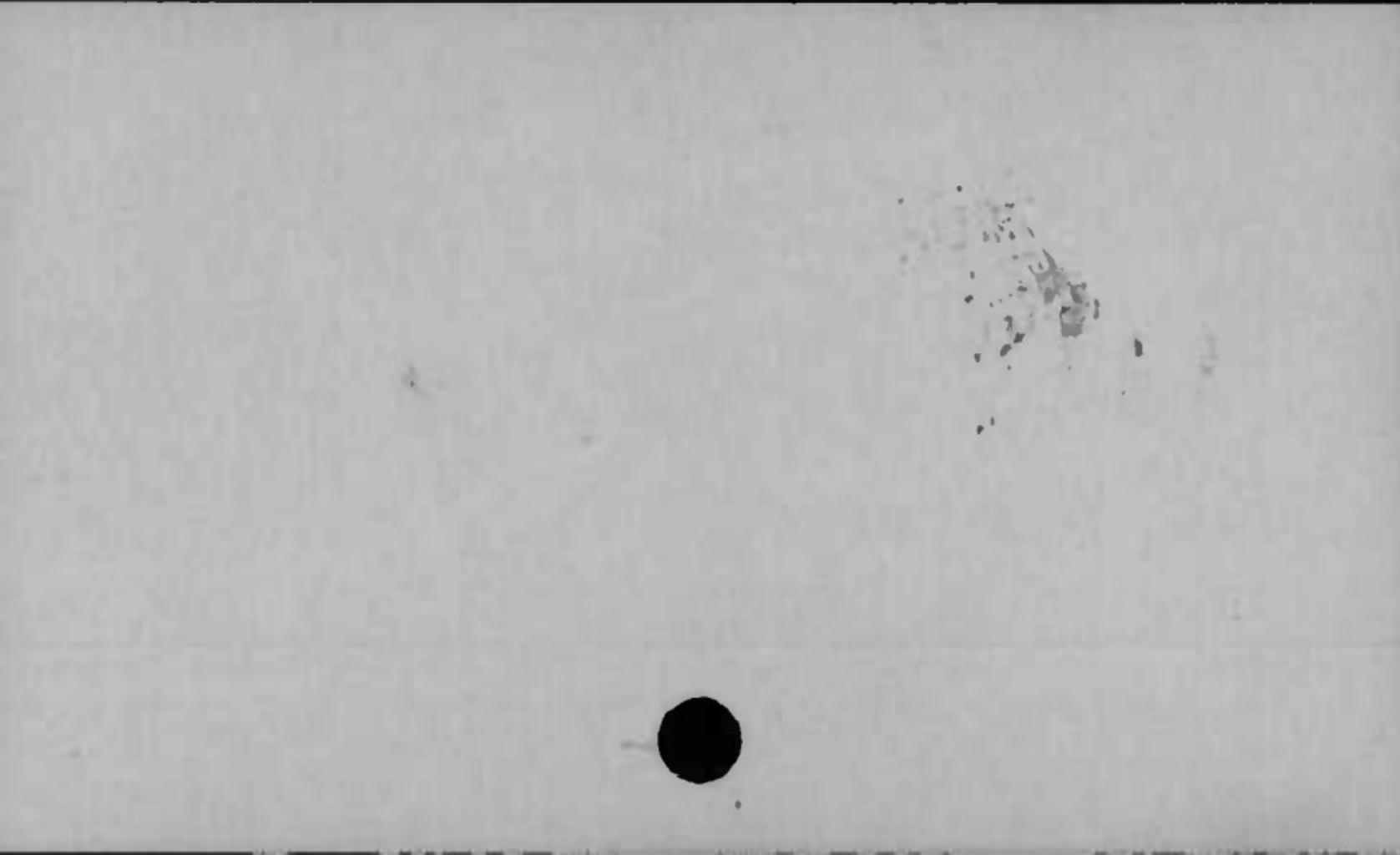


Clarence Banks

Town		County		MARYLAND	
Winterset		Montgomery			
Died at	Town	Month	Day	M.	D.
1905	Winterset	Aug	18	4	
Date 100				Native of	Occupation
Male				Montgomery	
Female	Colored	Age	Married	Widow	Divorced
		4			
Husband of				Widower	Number of children living
Wife					
Father's Name	Robt Banks		Mother's Name	Gertie Addison	
Cause of Death	Primary	Heat		How long sick	
	Immediate	Meningitis		3 weeks	
Reported by	H. H. Scammon M.D.				
Address	Winterset				

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Alice May Bohrer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

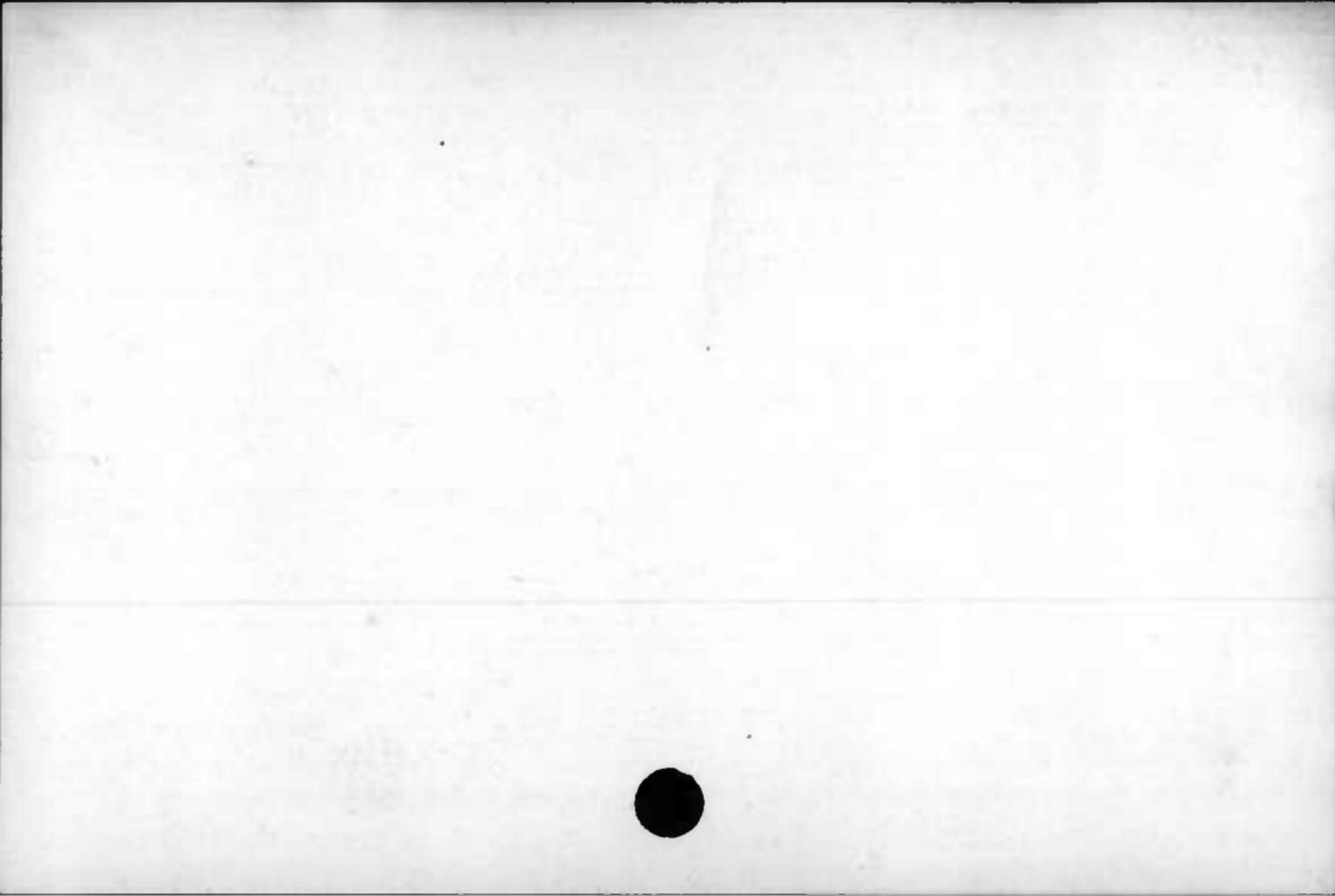
Died at Bethesda		Town	Montgomery		County	MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days	
1905	Aug.	3	37	37	0	0	
Sex	Female	Color or Race	white		Birth-place	DC	
Occupation	House-wife		Where Residing if not at place of death				
Married, Single or Widowed	Name of wife or Husband		Amy B. Bohrer				
Father's Name	Ches. M. Robinson		Father's Birthplace	Ind.			
Mother's Maiden Name			Mother's Birthplace	Ind.			
Name of person giving information	Amy B. Bohrer		How related to deceased	Husband			

CAUSES OF DEATH

Primary	Placenta Previa	(3)	How long	16 hrs.
Immediate	Lack of blood & weak heart		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Address	John L. Lewis, M.D. Bethesda

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

(Still-Born) Bohner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Bethesda	Town	County	MARYLAND		
Date of death	1905	Month Aug.	Day 3	Years	Months	Days
Sex	white	Female	Color or Race	still born	0	0
Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband	S.	
Father's Name	Henry B. Bohner			Father's Birthplace	Md.	
Mother's Maiden Name	Alice May Robinson			Mother's Birthplace	D.C.	
Name of person giving Information	Henry B. Bohner			How related to deceased	Father	

CAUSES OF DEATH

Primary

S.

How long

Immediate

S.

How long

Are the name, age, sex, color, date and place correctly given above?

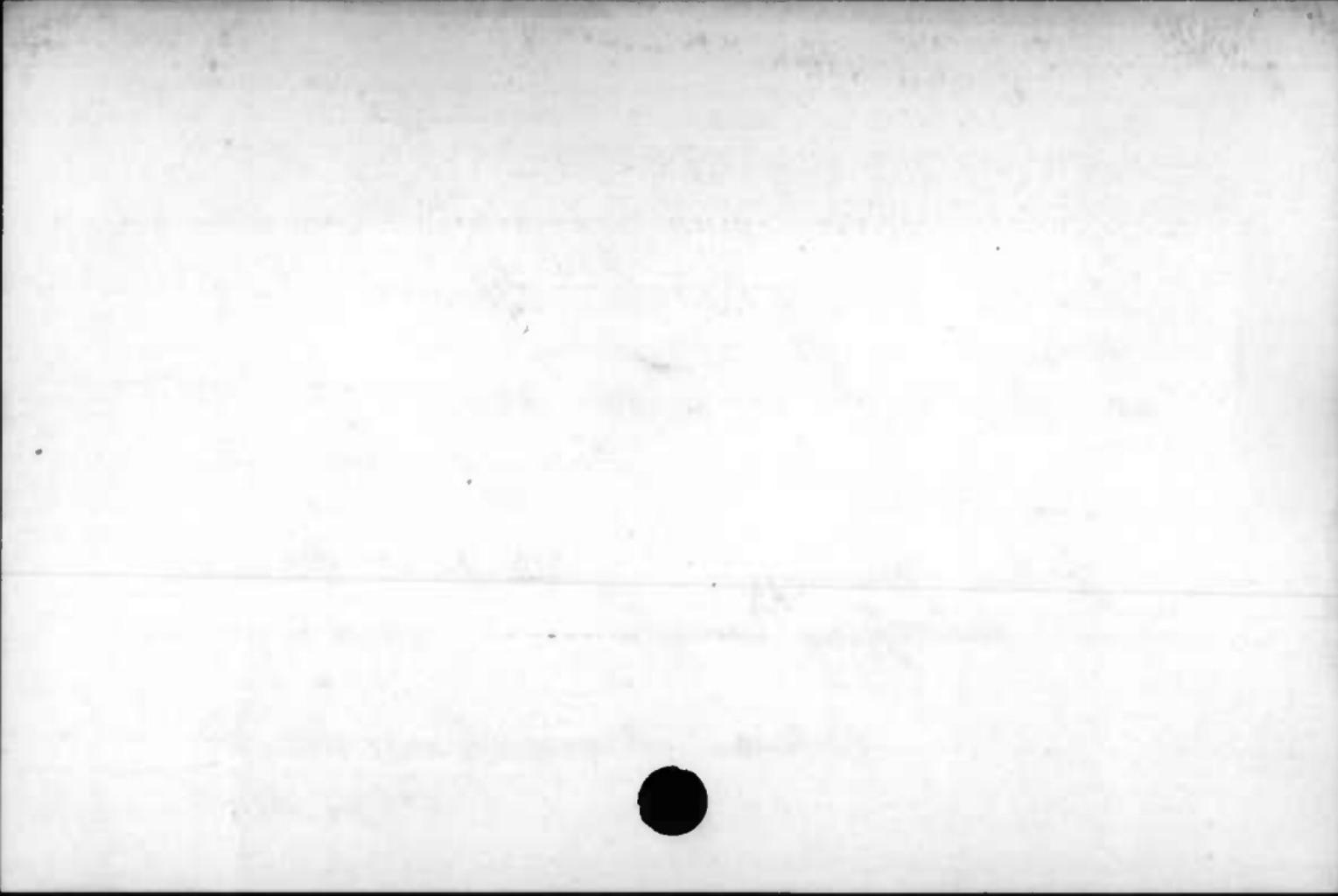
yes

Signature of Physician

Address

John L. Lewis, M.D.
Bethesda, Md.

Accident or Suicide?



Mary Anne Maria Bowie

Town

County

Died at

Olney

MARYLAND

Month

Day

Y.

M.

D.

Native of

Date 1905

Aug. 2

— 11-17

Md

Occupation

Male

White

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

—

Wife

Father's
Name

John Bowie

Mother's

Maiden Name

Margaret Phoenix

Cause of

Primary

Whooping Cough

How long sick

About 6 weeks.

Death

Immediate

Accident, Suicide, Homicide

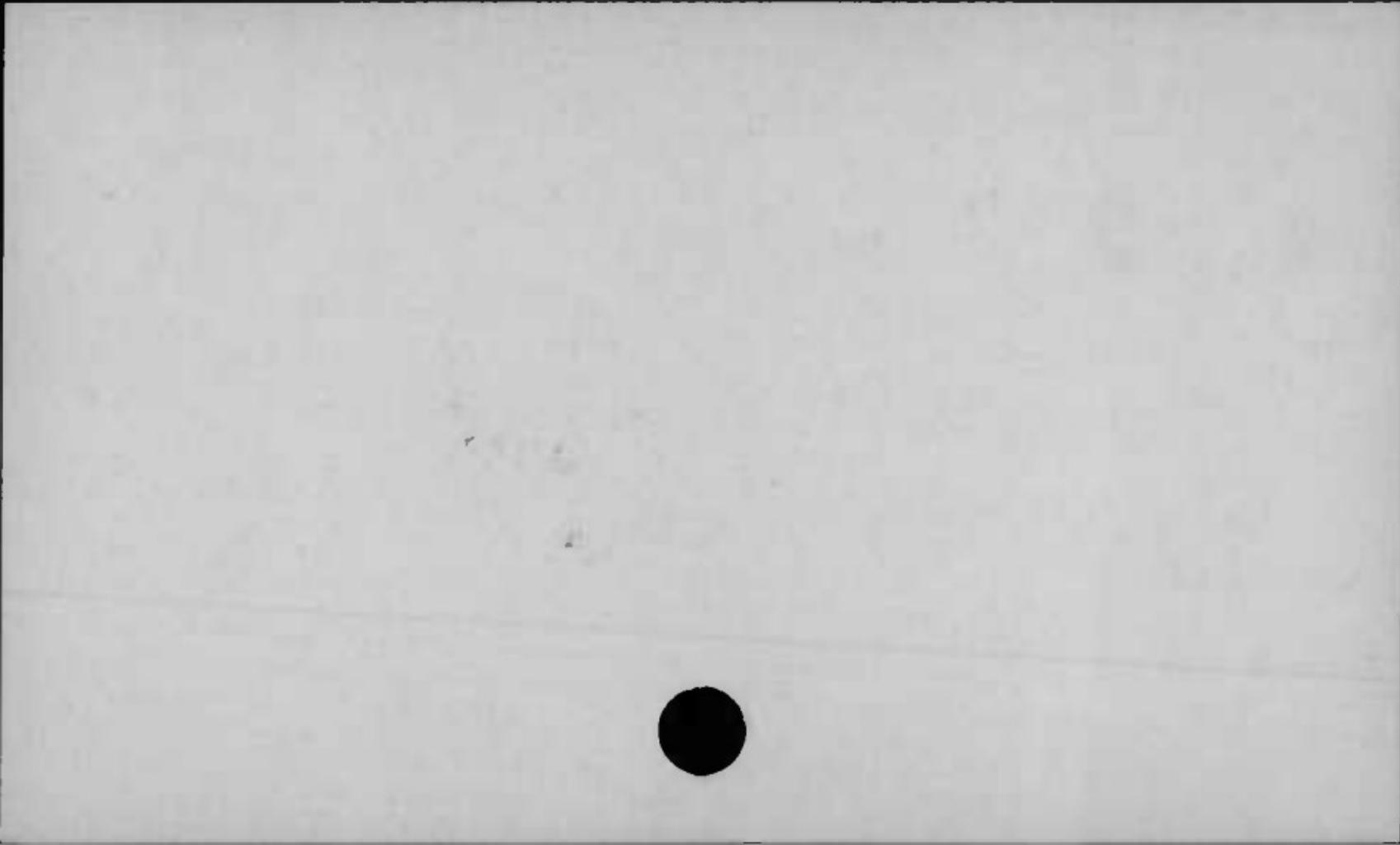
Reported by

Chas. Farquhar, M. D.

Address

Olney, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Elmer James Brown.

Died at	Town	County			
1905	Fogadlung Hoef.	Bethesda Mount C.	MARYLAND		
Date 1905	Month 8	Day 19	Y 0	M. 3	D. 2
Male	White	Age 32	Native of		
		Married	Widow	Divorced	Occupation
Husband of ?		Single	Widower	Number of children living	
Father's Name ?			Mother's Name		
Cause of Death Primary	Malnutrition			How long sick	
Death Immediate	Exhaustion			During life	
Reported by Cleveland				Accident, Suicide, Homicide	

Reported by Cleveland

Address

1232 14th St. Wash. D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1

2



3

Name
in
Full

Lizzie Ruth

CERTIFICATE OF DEATH

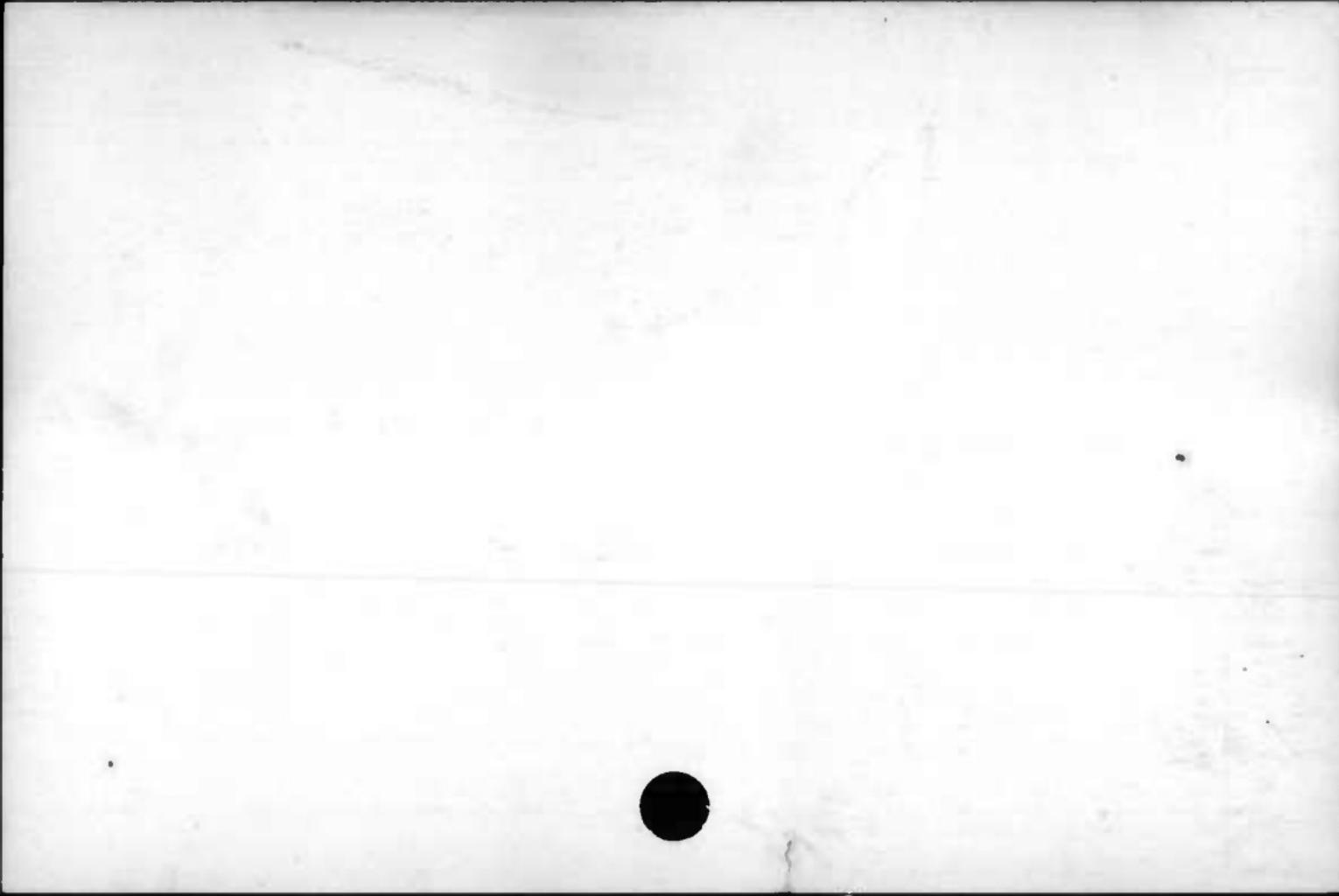
To BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND			
Died at Martinsburg	Montgomery				
Date of death 1905	Month Aug	Day 15	Years 21	Munths	Days
Sex Female	Color or Race negro	Birth-place Maryland			
Occupation	Where Residing if not at place of death Martinsburg Md				
Married, Single or Widowed	Name of Wife or Husband Lloyd Butler				
Father's Name Robert Thomas	Father's Birthplace Maryland				
Mother's Maiden Name Lizzie Lyles	Mother's Birthplace Maryland				
Name of person giving Information Lloyd Butler	How related to deceased Husband				

CAUSES OF DEATH

Primary	Tuberculosis	How long	One year
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Richard L. Goss
		Address	Bowieville
Accident or Suicide?			Md

PHYSICIAN
OR CORONER



Name
in
Full

Lewis A Butler

CERTIFICATE OF DEATH

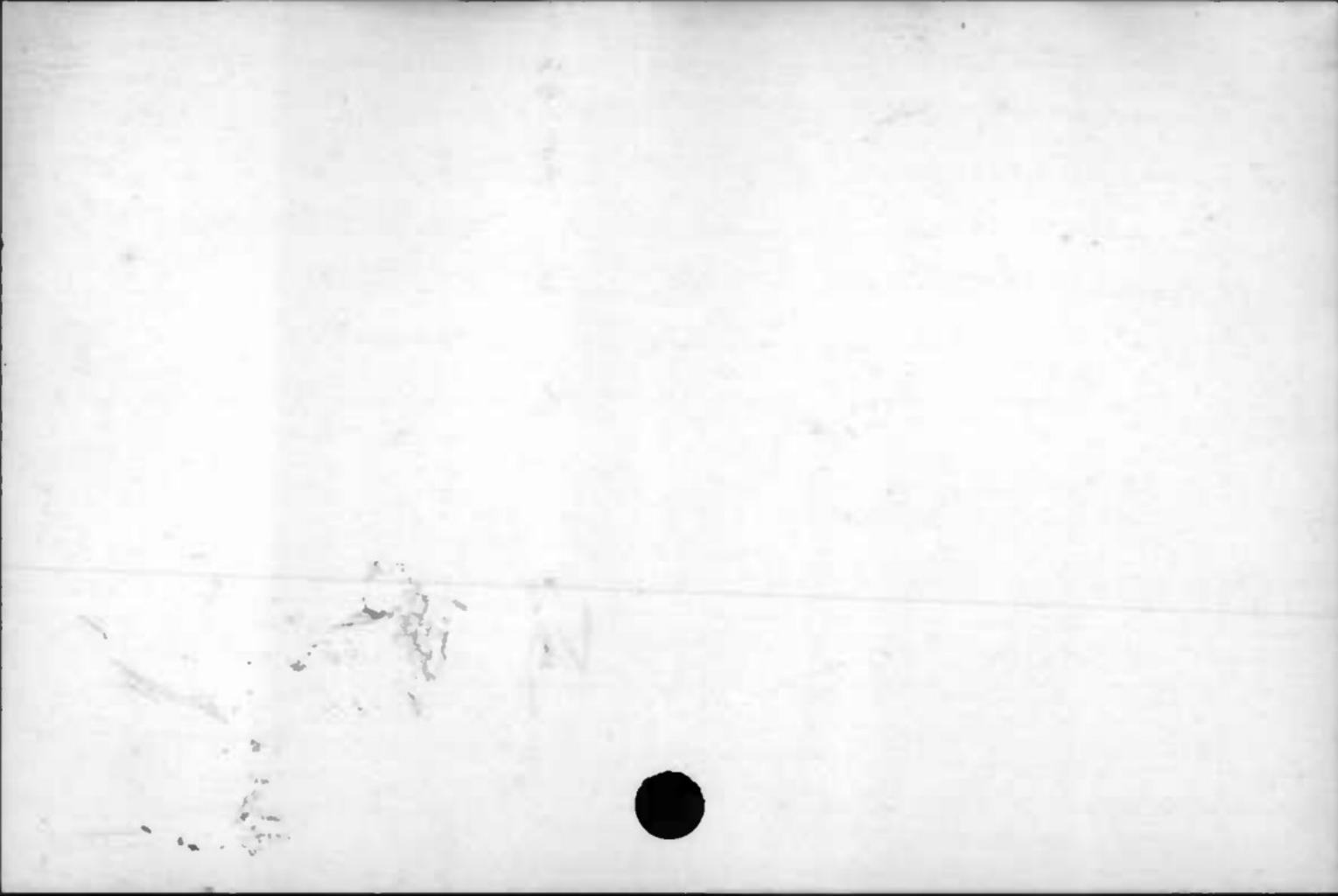
To BE ANSWERED BY
NEAREST FRIEND

Died at	Burnt Mills	Town	County	MARYLAND	
Date of death	1905 Aug	Month	Day	Years	Months Days
Sex	Male	Color or Race	Colored	Birth-place	Richmond, Va.
Occupation	Boatmen	Where Residing if not at place of death			Baltimore
Married, Single or Widowed	Married	Name of Wife or Husband	Jennie Haward	Father's Name	Va.
Father's Name	Lewis A Butler	Mother's Birthplace			
Mother's Maiden Name	Ely	Butler	Mother's Birthplace		
Name of person giving Information	Jennie Butler	How related to deceased			Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma	How long	one year
Immediate	Perforation of bowel	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. T. Brown M.D.
Age:		Address	Burnt Mills Md.
Accident or Suicide?			



Name
in
Full

Margaret M. Coughlan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1905	Month Aug.	Day 8	Age 4	Years 7	Months 7	Days
Sex A	Color or Race white	Birth-place Washington, D.C.				
Married, Single or Widowed		Occupation				
Name of Wife or Husband						
Father's Name X			Father's Birthplace X			
Mother's Maiden Name X			Mother's Birthplace X			
Name of person giving Information X			How related to deceased X			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate Typhoid fever

How long

10 days

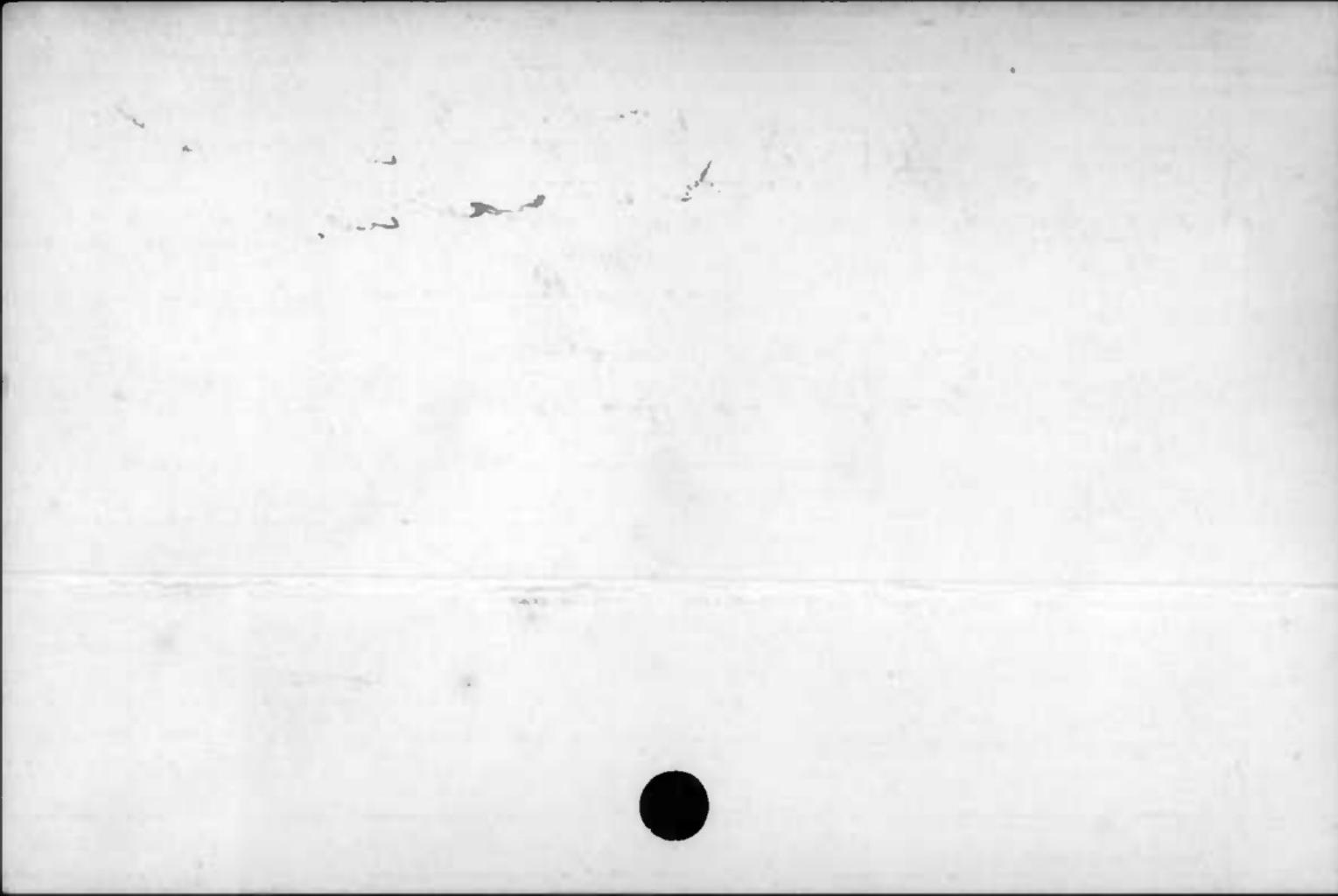
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Alfred Parsons,
Dakoma Park

Accident or Suicide?



Name
in
Full

Nelson Cowell

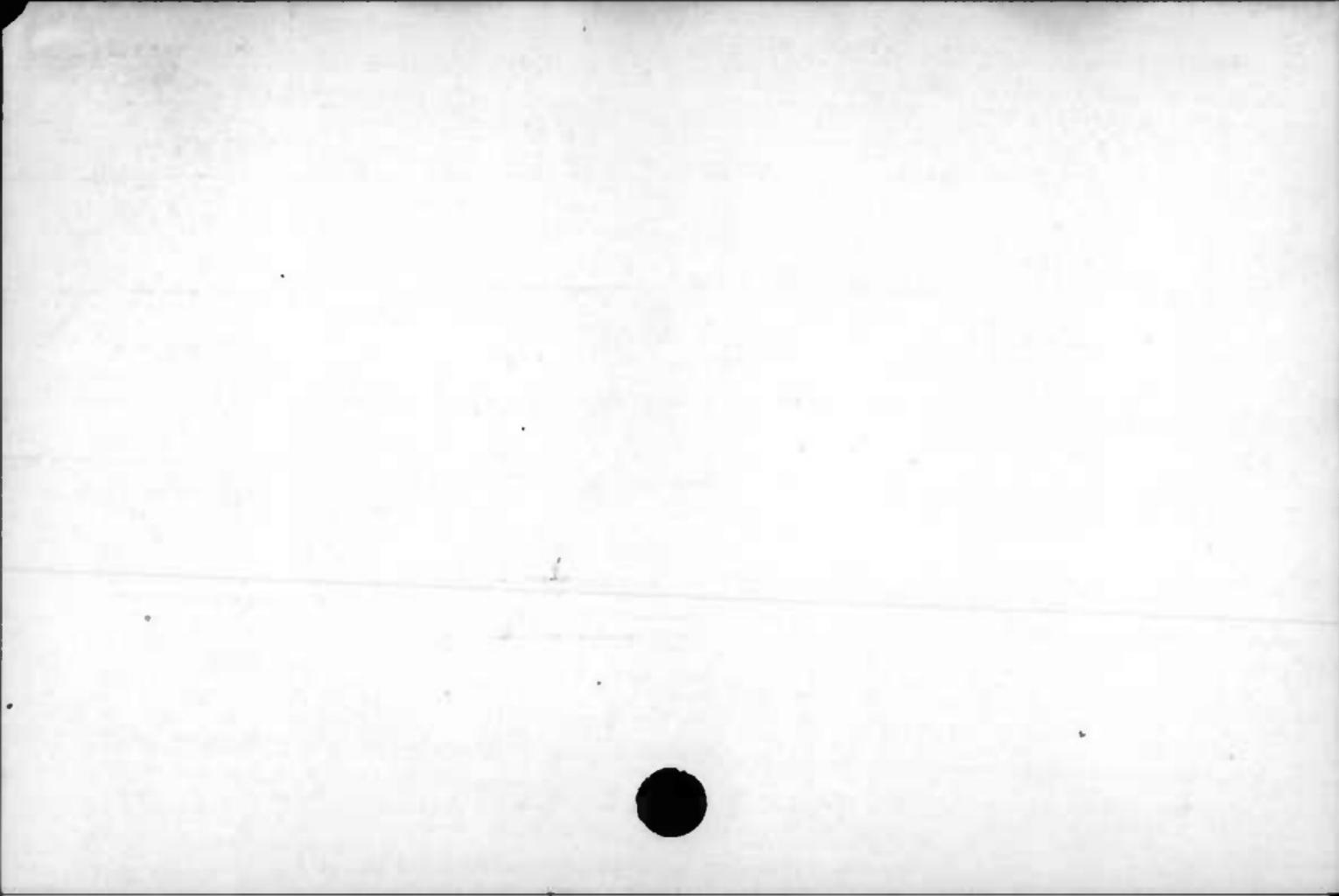
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Aspin	Montgomery	Months	Days	
Date of death	Month	Day	Age	Years	
1905	Aug.	27	16		
Sex	Male	Color or Race	Birth-place		
Occupation	School-boy	Where Residing if not at place of death	Dosewell, Virginia		
Married, Single or Widowed	Single	Name of Wife or Husband	Father's Birthplace	Virginia	
Father's Name	S. L. Cowell		Mother's Birthplace	Virginia	
Mother's Maiden Name			How related to deceased	Virginia Cousin	
Name of person giving information	J.C. Cowell	✓ 166			

CAUSES OF DEATH

Primary	Gun-shot by accident,		How long	Death was
Immediate	entering brain		How long	immediate
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John L. Lewis, M.D.	
		Address	Bethesda	
Accident or Suicide?	Accident		Mud	



Died at

Town

County

MARYLAND

Wandy Spring

Month Day

Y.

M.

D.

Mc orlgomery

Native of

Occupation

Date 1905 Aug. 15

Age

- 10 -

Widow

Divorced

Male

White

Married

Widower

Female

Colored

Single

Number of children living

Husband
of

—

—

Wife

Father's
Name

William Hoblins Maiden Name Blanche Deut-

Cause of

Primary

Whooping cough & bleeding

How long sick

30 days

Death

Immediate

Strangulation

Accident, Suicide, Homicide

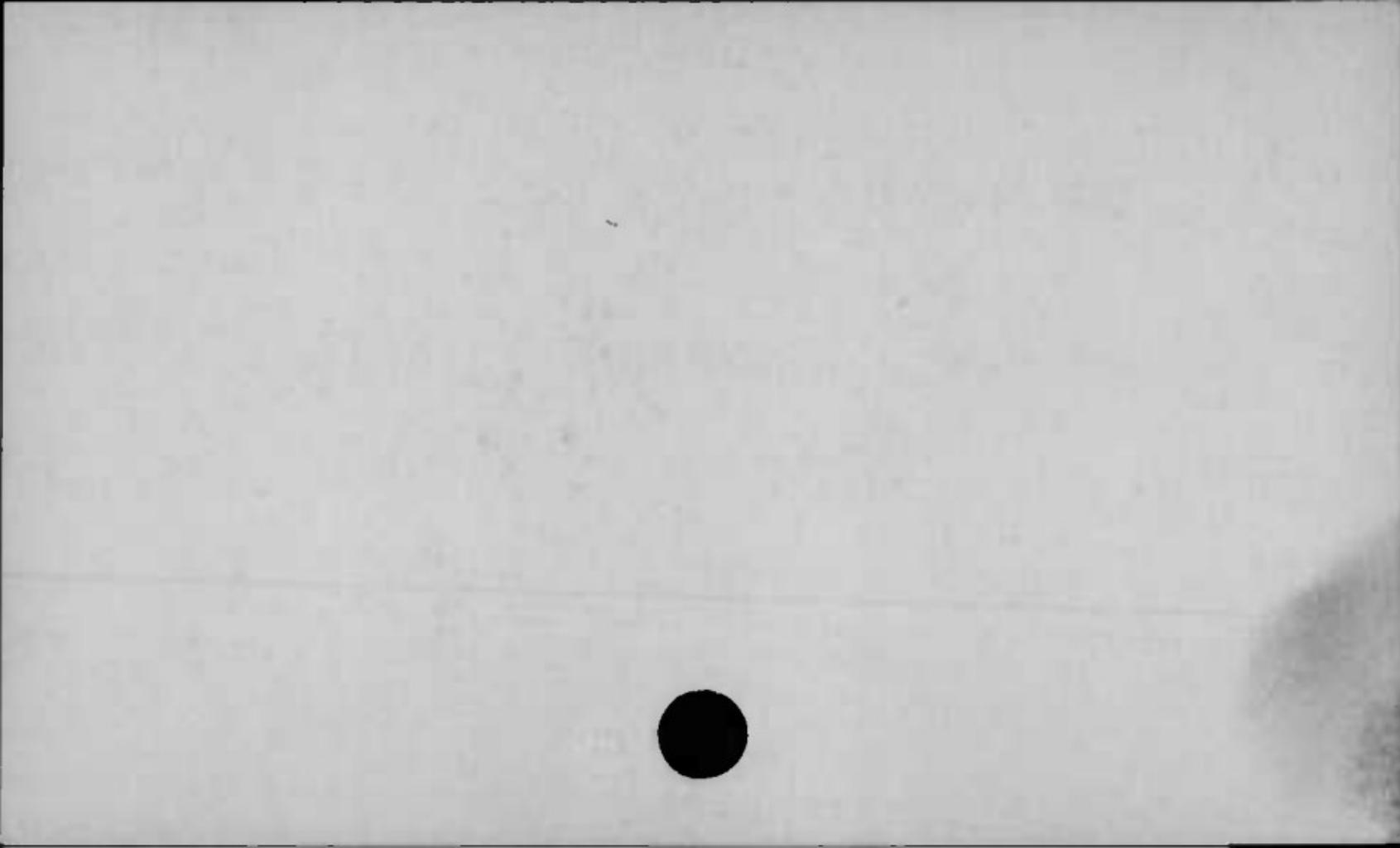
Reported by

Chas. Farquhar, M. D.

Oleoy, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Samuel Dickinsone

CERTIFICATE OF DEATH

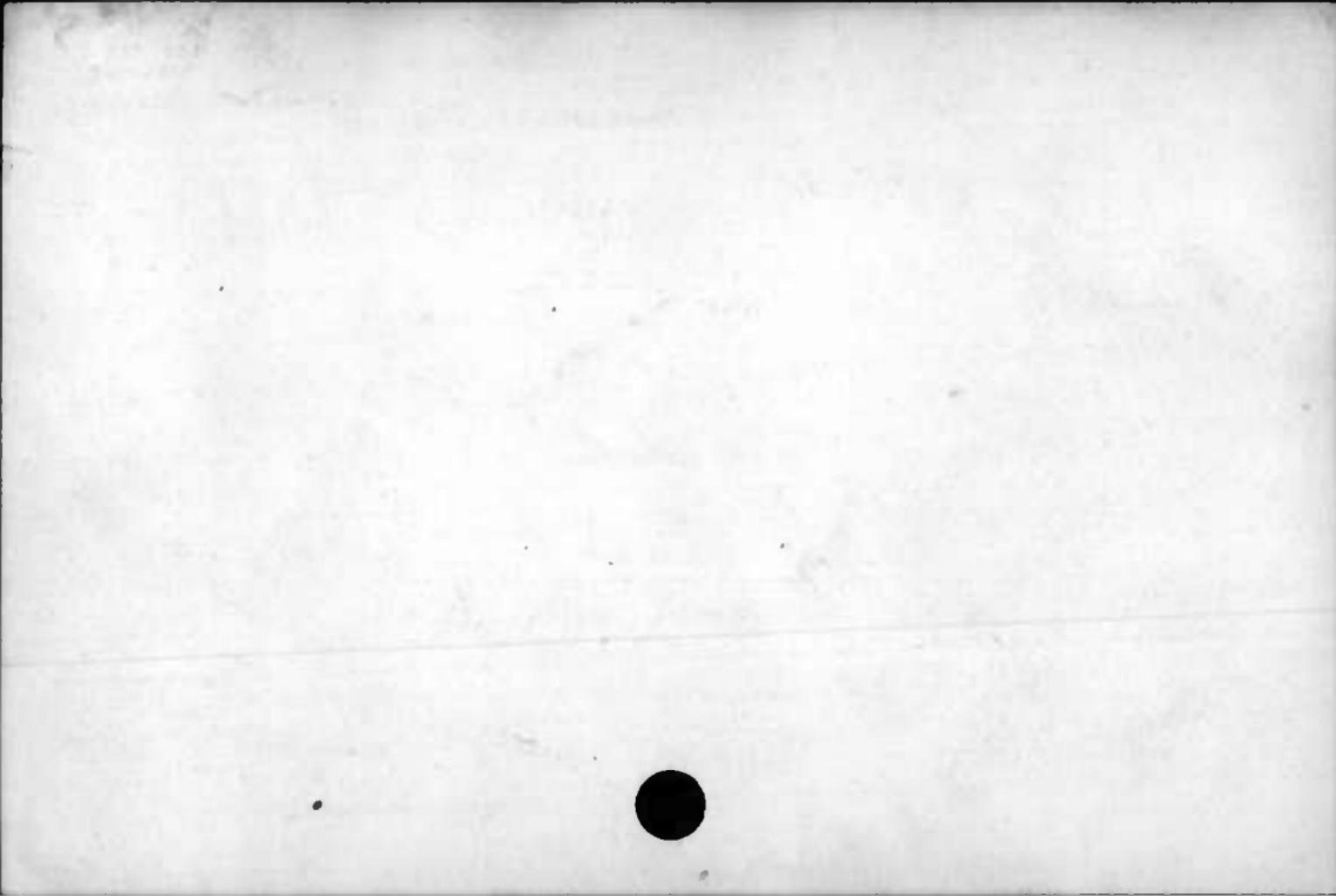
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mount Zion</u> Town	County <u>Montgomery</u>	MARYLAND
Date of death <u>1903</u> Month <u>August</u>	Day <u>7</u> Age <u>73</u> Years	Months <u></u> Days <u></u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Maryland</u>
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Caroline Sedgewicks</u>	
Married, Separated, or Widowed	Name of Wife or Husband	Father's Birthplace
Father's Name	Cannot be given	
Mother's Maiden Name	Not Known	
Name of person giving Information	George W Dorsey	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	advanced age	How long <u>4 years</u>
Immediate	Convulsion	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Basie B Crawford</u>
		Address <u>Laytonsville Maryland</u>
Accident or Suicide?		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Isabella Duggo

Town

Died at near Laytonsville

County

Montgomery

MARYLAND

Date of death	Month	Day	Years	Months	Days
1905	August	16	50	2	9
Sex	Color or Race				
Female	Colored				

Occupation	Where Residing if not at place of death
Housewife	—

Married, Single or Widowed	Name of Minor Husband
	John Duggo

Father's Name	George W Thomas
---------------	-----------------

Mother's Maiden Name	Mary Ann Ridgely
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Name of person giving Information	John Duggo	How related to deceased	Husband
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CAUSES OF DEATH

Primary	Chronic hepatitis	How long	—
---------	-------------------	----------	---

Immediate	Acute Gastroenteritis	How long	5 days
-----------	-----------------------	----------	--------

PHYSICIAN
OR CORONERAre the name, age, sex, color, date
and place correctly given above?

yes

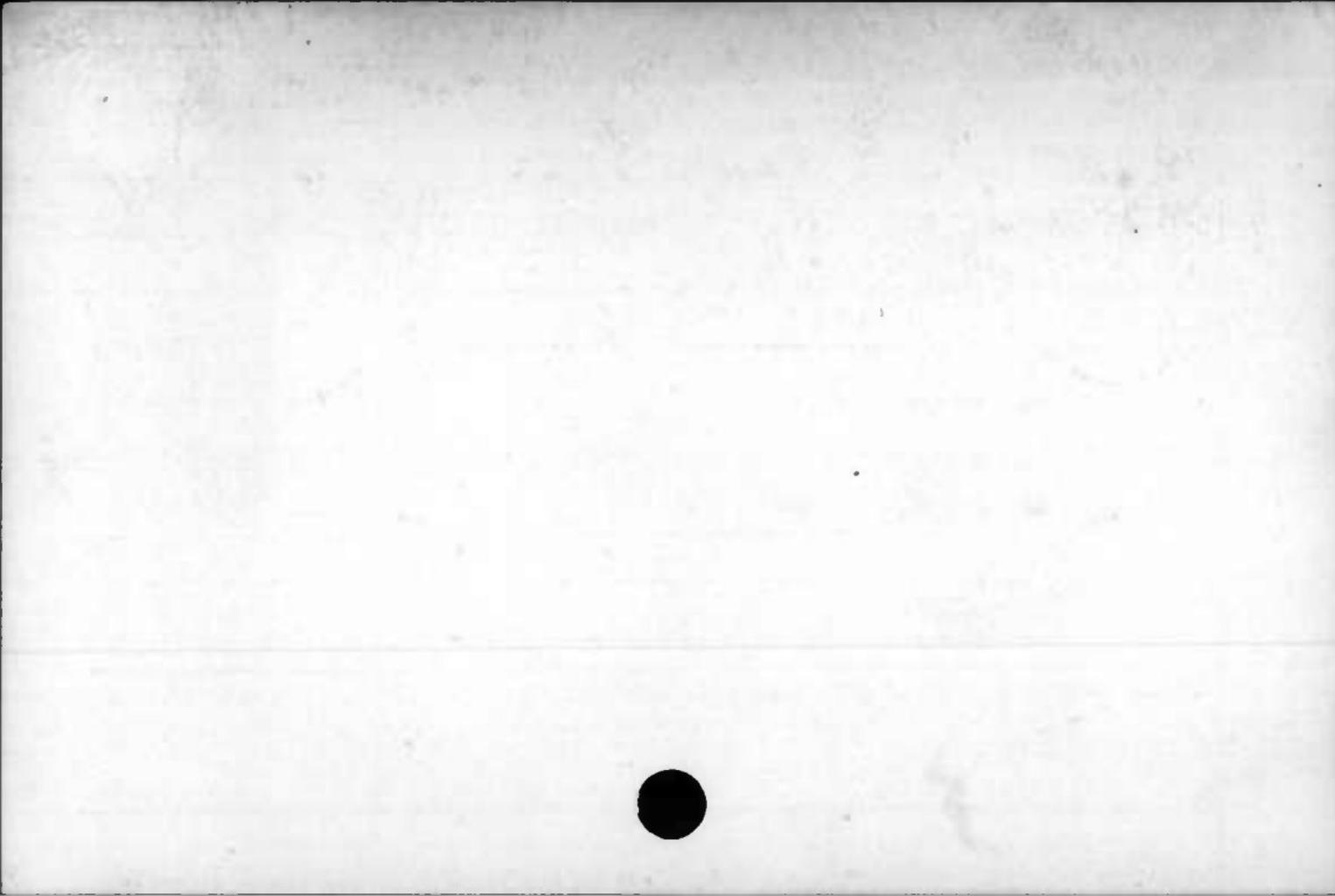
Signature of
Physician

Address

V.H. Duggo

Laytonsville Ward

Accident or Suicide?



Mrs Mary Elizabeth Galloway -

Town

County

Died at near Warrenton

Montgomery

MARYLAND

Date 1905

Month 8

Day 10

Y. 74.

M.

D.

Native of Maryland

Occupation Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 9.

Husband of

Wife

Father's

Name

Kelley -

Mother's Name

Cause of

Primary

General Debility

How long sick

several years

Death

Immediate

Mitral Insufficiency

Accident, Suicide, Homicide

with Pulmonary Congestion

last several yrs.

Reported by

Address

Warrenton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

This Decease Garter

Died at		Town	County		CERTIFICATE OF DEATH		
Date of death	Month	Day	Years	Months	Days	MARYLAND	
Sex	Color or Race	Age	White	Birth-place	D. S.		
Occupation	Where Residing if not at place of death			Same			
Married, Single or Widowed	Name of Wife or Husband	Estella Lee Garter			Garter		
Father's Name	Garter			Father's Birthplace	D. S.		
Mother's Maiden Name	Miss Israel			Mother's Birthplace	D. S.		
Name of person giving information	Kate Israel			How related to deceased	Grand Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Valvular Dis. Heart

How long

Several yrs

Immediate

Tuberculosis of Lungs

How long

Six months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

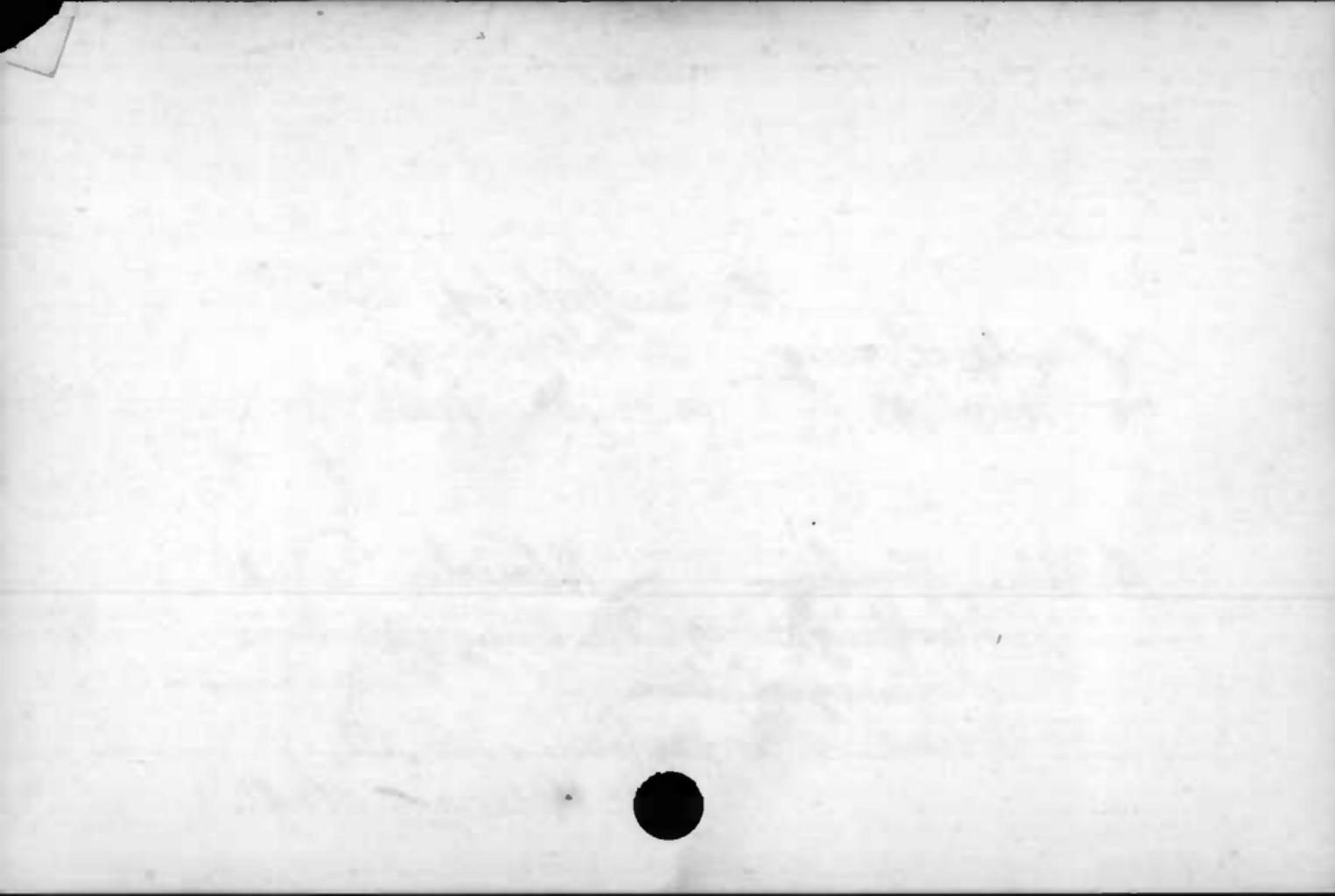
Address

Eugene Jones

Kensington Md.

Accident or Suicide?

No



Name
in
Full

George C. Gray

CERTIFICATE OF DEATH

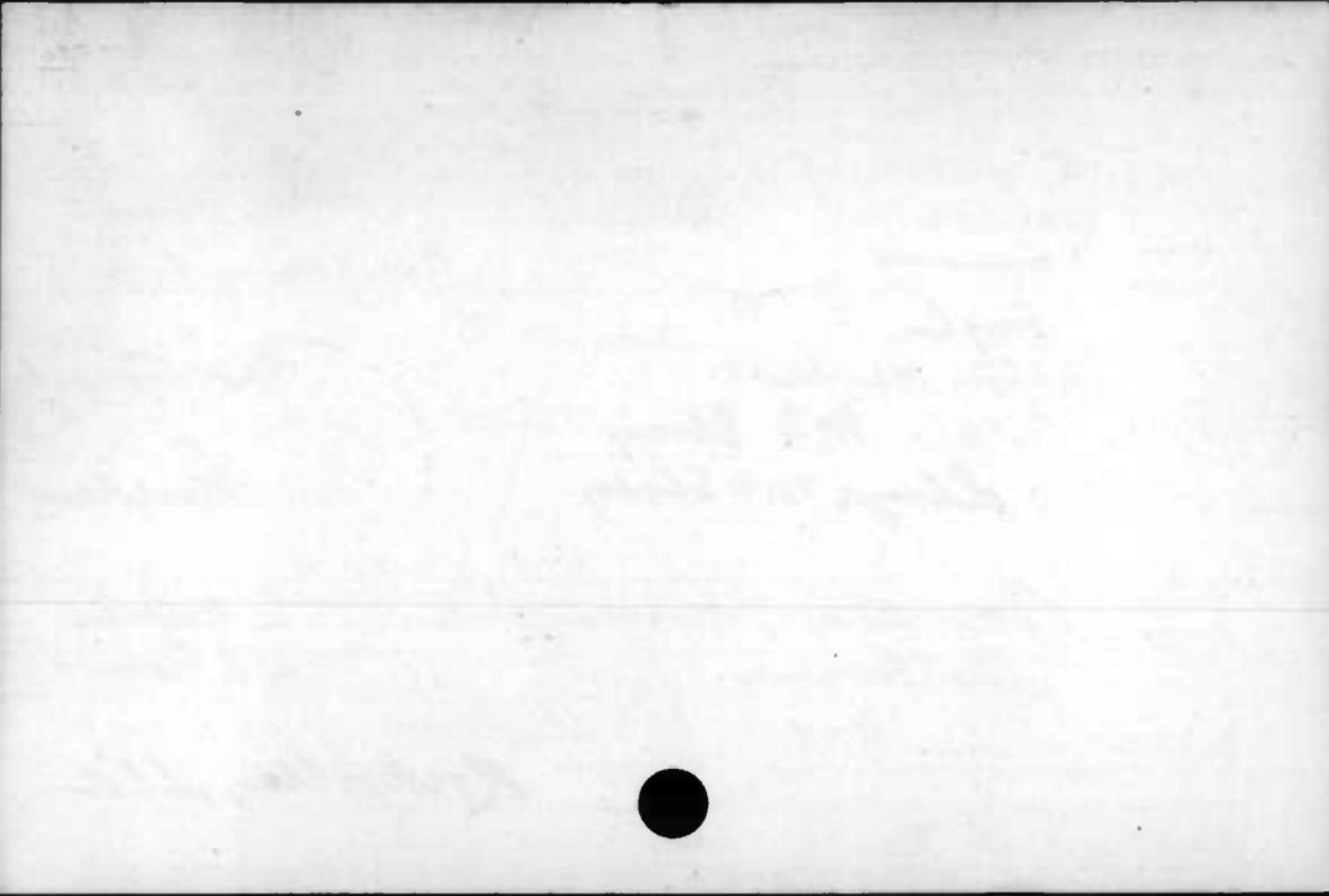
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Rickville	Montgomery	
Date of death	Month	Day	Years
1905	8	23	—
Age	Months	Days	2 —
Sex	Color or Race	Birth-place	
Male	Negro	Maryland	
Occupation	Where Residing if not at place of death		
None	—		
Married, Single or Widowed	Name of Wife or Husband		
Single	—		
Father's Name	Father's Birthplace		
I don't know	Maryland		
Mother's Maiden Name	Mother's Birthplace		
Jackson	Maryland		
Name of person giving information	How related to deceased		
Roberta Brown	Not at all		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malnutrition		How long	Two months
Immediate	Convulsions		How long	Three hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Edward Anderson MD	
		Address	Rickville, Md.	
Accident or Suicide?				



Margaret Higgins

Town

County

Died at

Oakdale

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1905	8	3	Age 76			Maryland	Maryland housewife
White	Married					Divorced	
Female	Colored	Single		Widower		Number of children living	Two

Husband

of

Helon O. Higgins

Wife

Father's

Name

James Slinn

Mother's

Name

Cause of

Primary Paralysis

How long sick

4 years

Death

Immediate Heart Failure

Accident, Suicide, Homicide

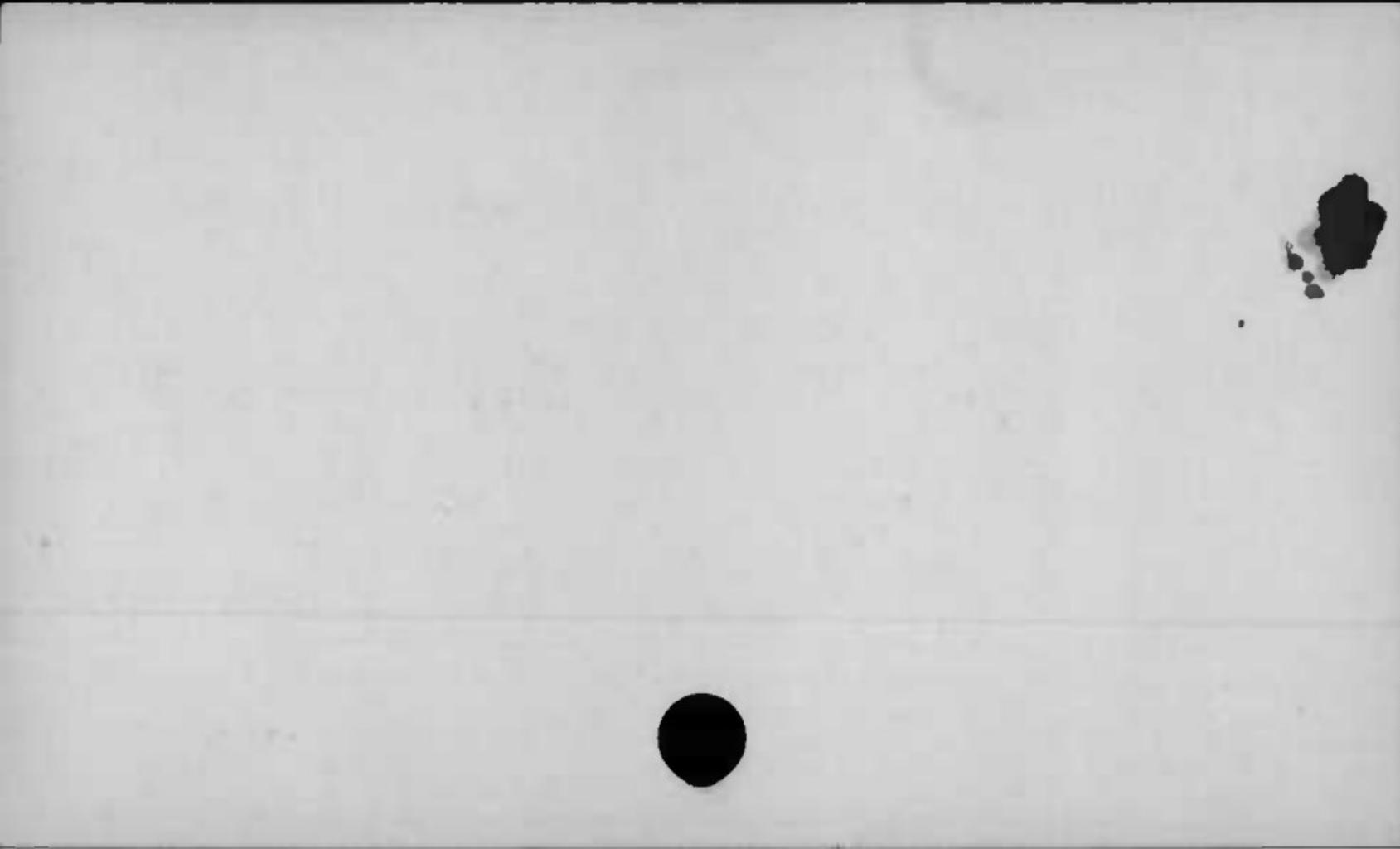
Reported by

Roger Burke

Address

Sandy Spring Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Charlotte Howard

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Colored	Birth-place	Md.
Occupation	Housewife				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Jno. W. Atkne				
Mother's Maiden Name	Eliza Rudd				
Name of person giving information	Malvina Johnson				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Lunacy

154

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

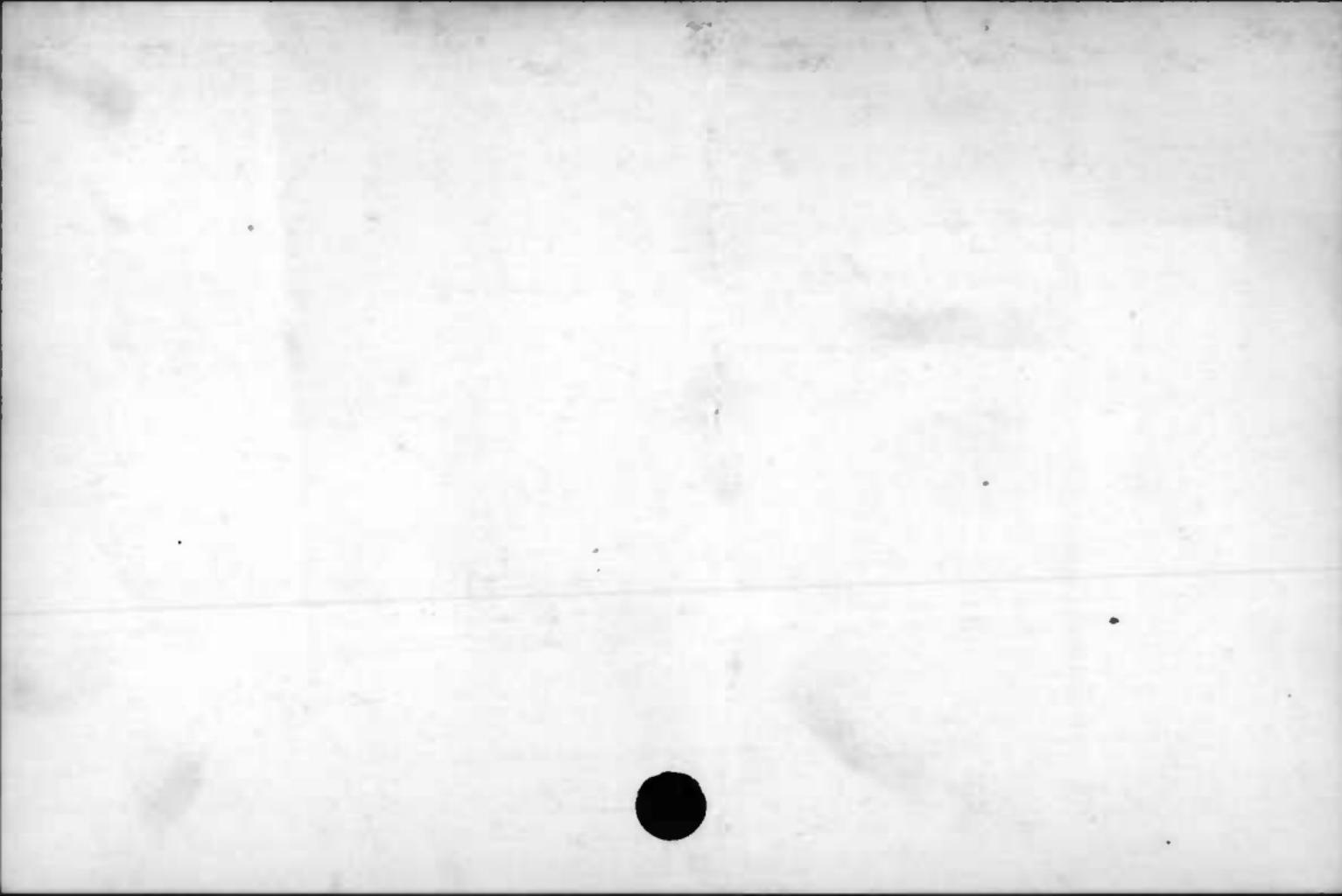
Signature of Physician

Yes

Address

Ms Brown
Silver Spring
Md.

Accident or Suicide?



Mary Hunter

Towson Hospital Bethesda MD, C MARYLAND

Died at

1905

Month Day
8 29Y M. D.
0 9 29Native of
D.C.

Occupation

Date 1905

Age

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Diseases

How long sick
Three weeks.

Death

Immediate

Diseases

Accident, Suicide, Homicide

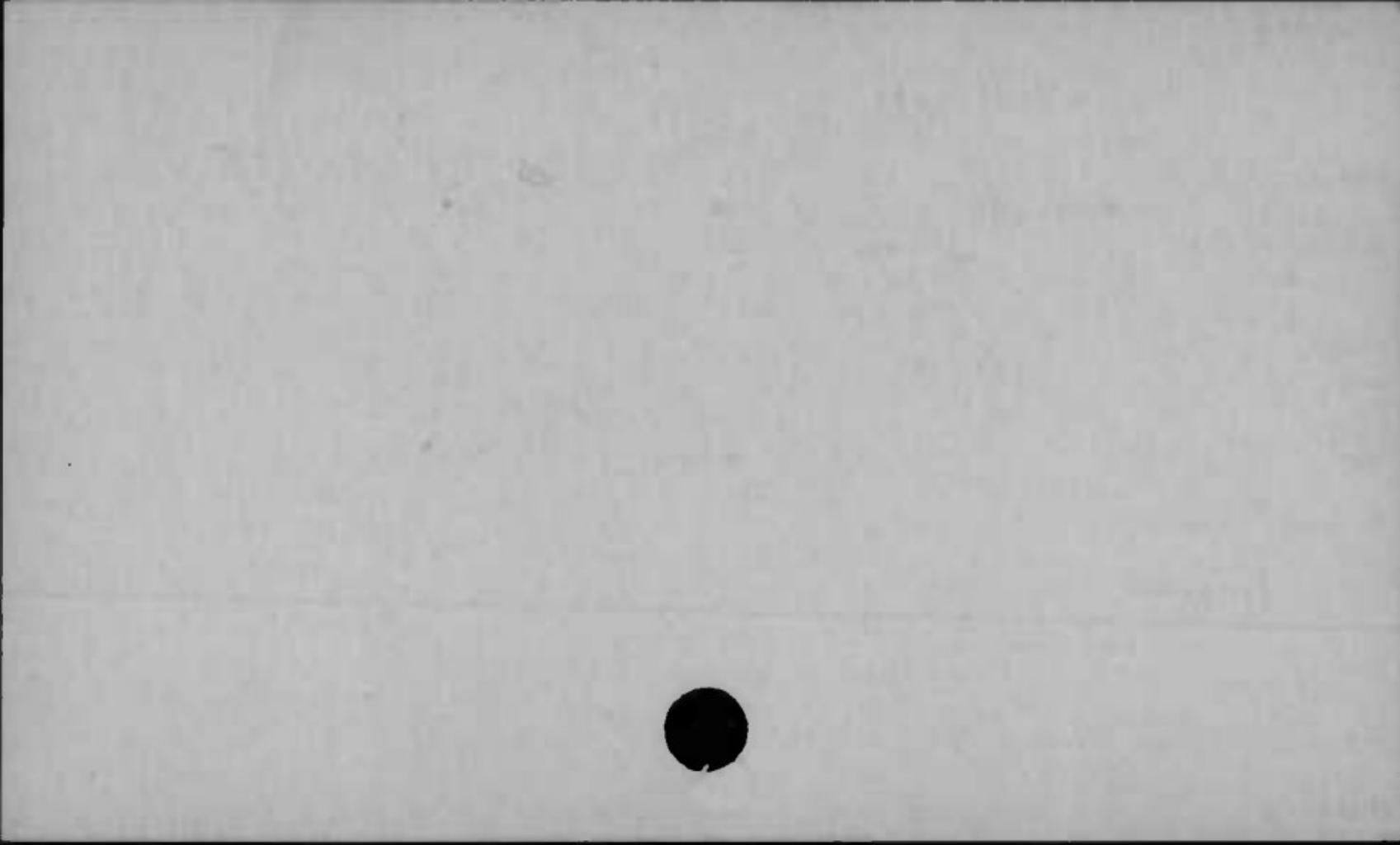
Reported by

J. W. V. M.

Address

122-411m

Wash. D.C.



Name
in
Full

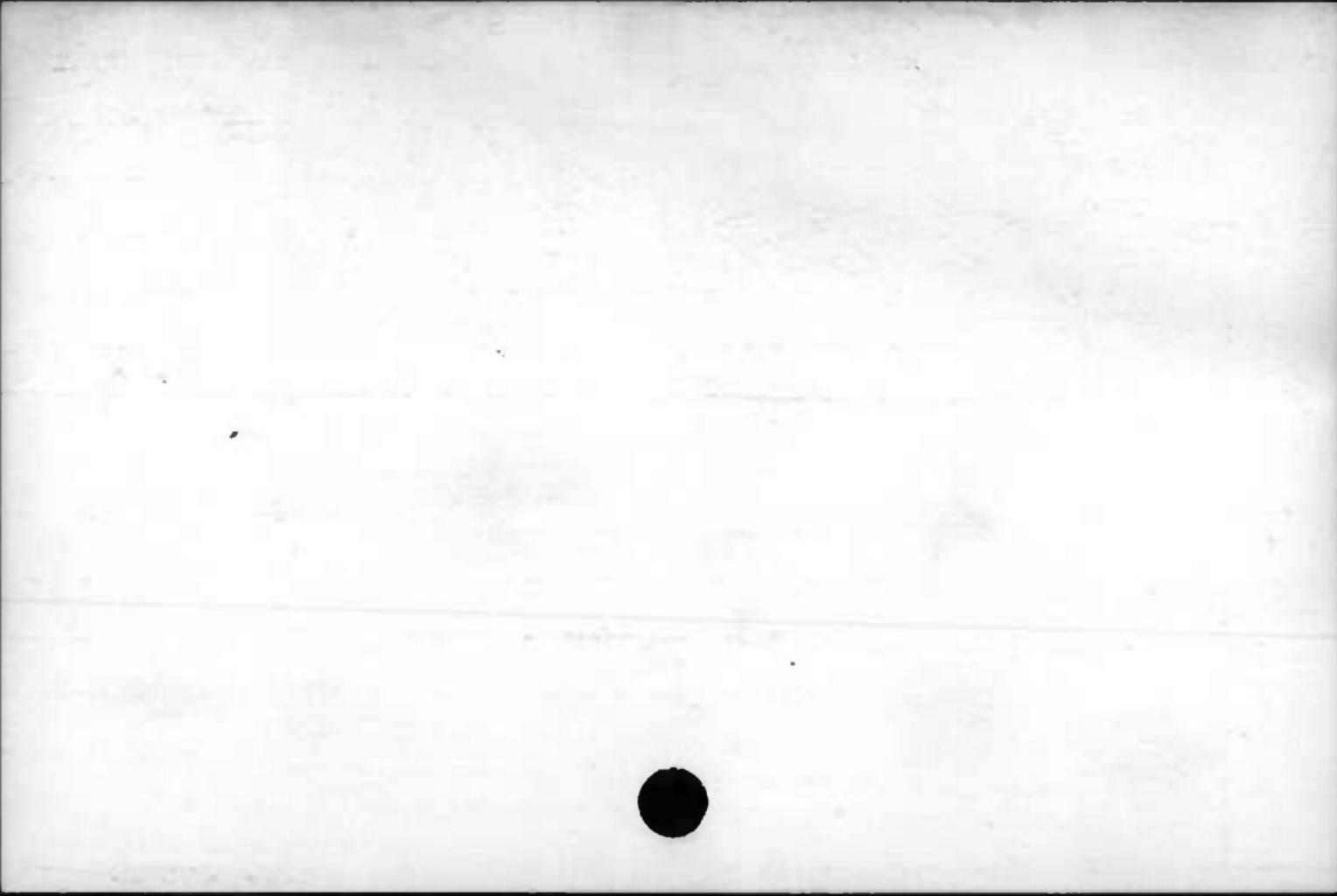
Perl Jackson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	9	5	3
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Jackson		Father's Birthplace	Md	
Mother's Maiden Name	Mary Jackson		Mother's Birthplace		
Name of person giving information	John Jackson		How related to deceased	Brother	
CAUSES OF DEATH					
Primary	Typhoid fever		How long	15 days	
Immediate	hemorrhage		How long		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	J. R. Batson	
			Address	Edgewater Md	
Accident or Suicide?					

PHYSICIAN
OR CORONER



Name
in
Full

Lizzie Cragg Jappy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mor Decatur</u>		Town	County	MARYLAND	
Date of death <u>1905</u>	Month <u>Aug.</u>	Day <u>26</u>	Age <u>30</u>	Years	Months Days
Sex <u>Female</u>	Color or Race	<u>Caucasian</u>		Birth-place	<u>Med</u>
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband	<u>Chas Jappy</u>			
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information					How related to deceased

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Typhoid fever.

How long

1 week

Immediate

Exhaustion from delirium

How long

Are the name, age, sex, color, date and place correctly given above?

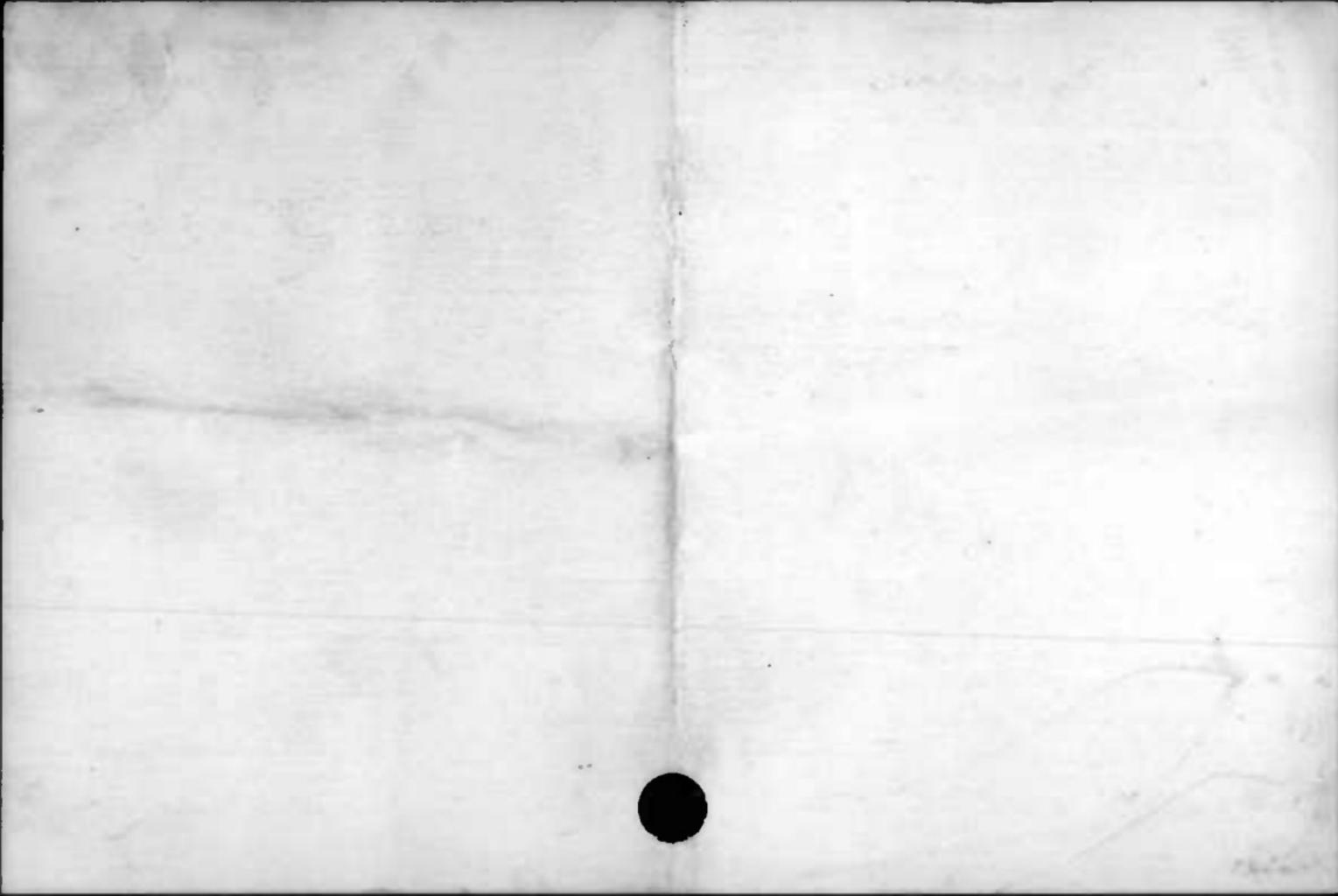
Signature of Physician

Address

O. M. Lincoln
Racine

Accident or Suicide?

No



Name
in
Full

Carl McDonald Leftwich

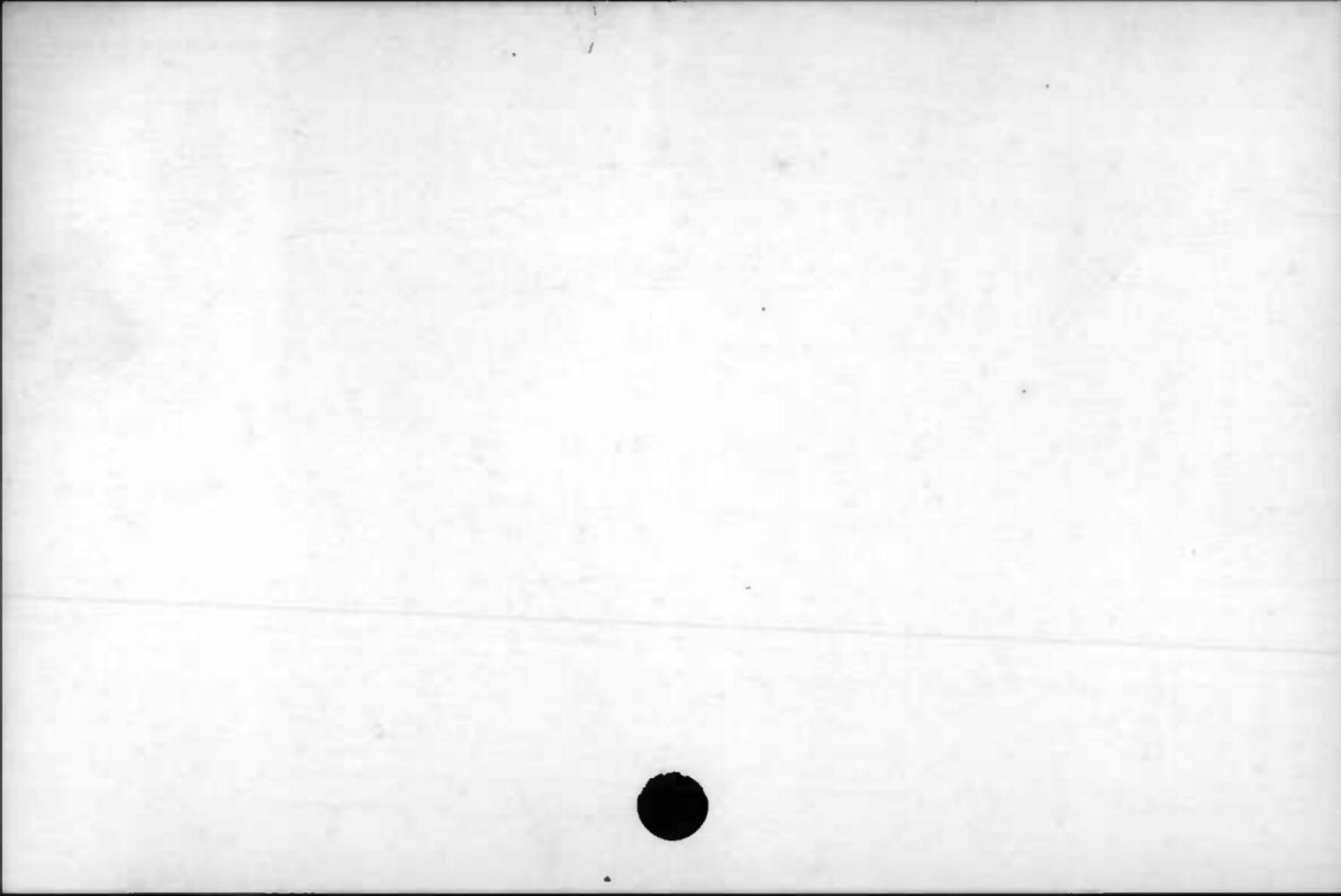
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Year	Months	Days	
Sex	Male	Color or Race	Colored	Birth-place	Md.	
Occupation	None					
Married, Single or Widowed	Singl[e]	Where Residing if not at place of death				
Father's Name	Jacob Leftwich			Father's Birthplace	Va.	
Mother's Maiden Name	Sarah Elizabeth Diggs			Mother's Birthplace	Md.	
Name of person giving information	Jacob Leftwich			How related to deceased	Father.	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pertussis	X	How long
	Immediate	Hepatitis		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H J Brown	
Yes.		Address	Silver Spring Md.	
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER.

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1905	Month Aug.	Day 16	Years 46	Months	Days
Sex	Female	Color or Race	White		Birth-place	Virginia
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband				
Father's Name					Father's Birthplace	Virginia
Mother's Maiden Name					Mother's Birthplace	Virginia
Name of person giving information					How related to deceased	

CAUSES OF DEATH

Primary

Appendicitis

How long

10 days

Immediate

Syncope

How long

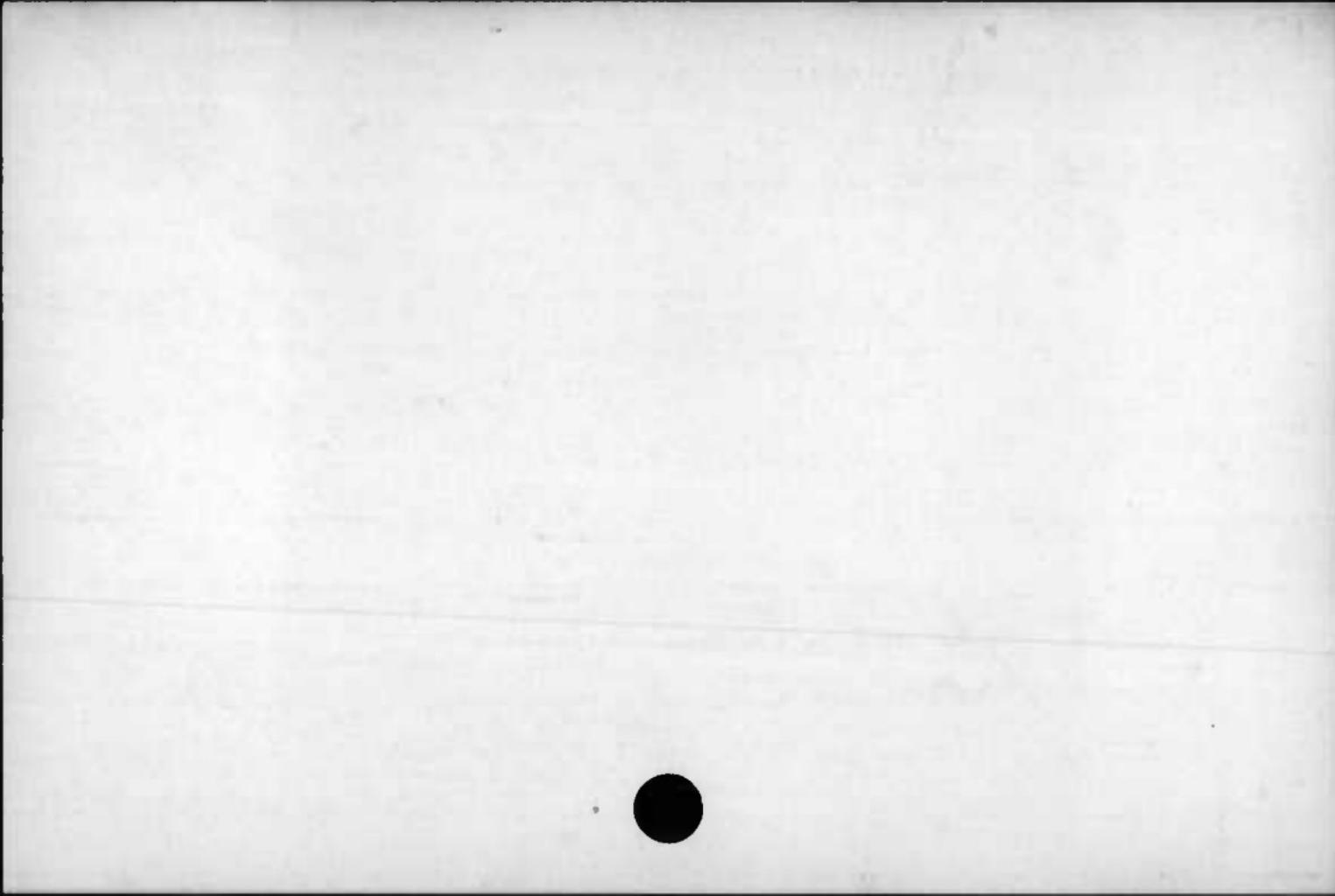
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Middleton T. Cuffpert
1462 R. I.

Accident or Suicide?



Name
in
Full

Susan Mangum.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Takoma Park.	Montgomery			
Date of death 190	Month	Day	Years	Months	Days
5	Aug	4	73		
Sex	Color or Race	white	Birth- place	Ireland	
Married, Single or Widowed	Occupation				
widow	none				
Name of Wife or Husband	John G. F. Mangum				
Father's Name					
Mother's Maiden Name					
Name of person giving Information	Edward H. Mangum				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Accident or Suicide?

How long

How long

5 days

Signature of
Physician

Address

Alfred W. Johnson,
Takoma Park

57



Name
in
Full

Elinina Mathews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	20	5 21
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	Father's Name	Father's Birthplace	Mod.
Mother's Maiden Name					
Name of person giving Information	Tom Smith				
CAUSES OF DEATH					
Primary	Typhoid Fever				How long 3 weeks
Immediate	Hemorrhage of bowels				How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

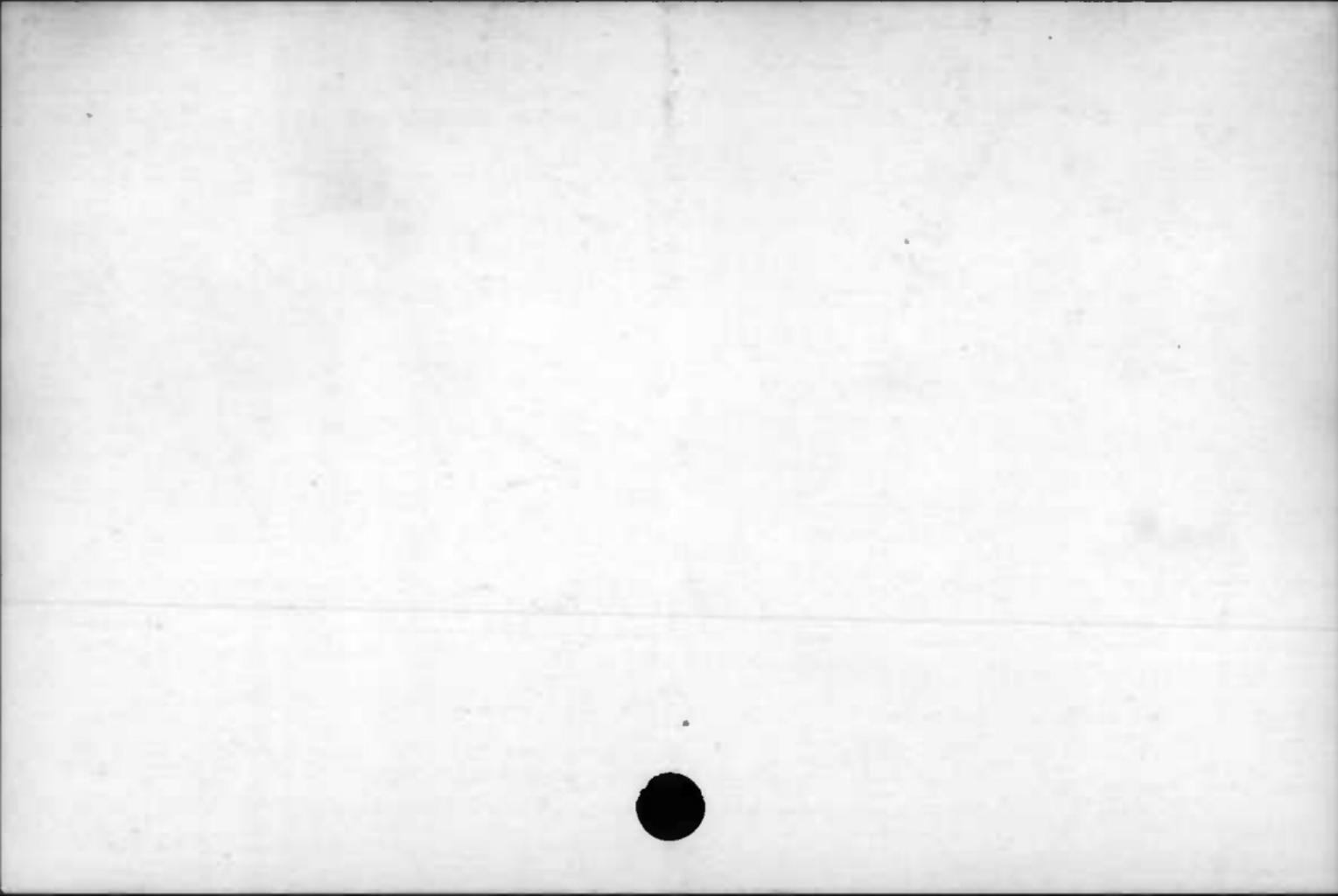
Signature of
Physician

W J Brown
Silver Spring

Yes

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Lettie Leeef Giles

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Year	Months	Days
1905	Aug	20	16	5	
Sex	Color or Race	Where Residing if not at place of death			
Female	Colored	Maryland			
Occupation	School Girl				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Jno. Green		Father's Birthplace	Maryland, Co	
Mother's Maiden Name	Rose Jones		Mother's Birthplace	Maryland Co	
Name of person giving Information	Richard Miles		How related to deceased	Step Father	

CAUSES OF DEATH

Primary	Influenza & Consumption	How long	8 Months
Immediate	Stricture of Heart	How long	About 3 weeks

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

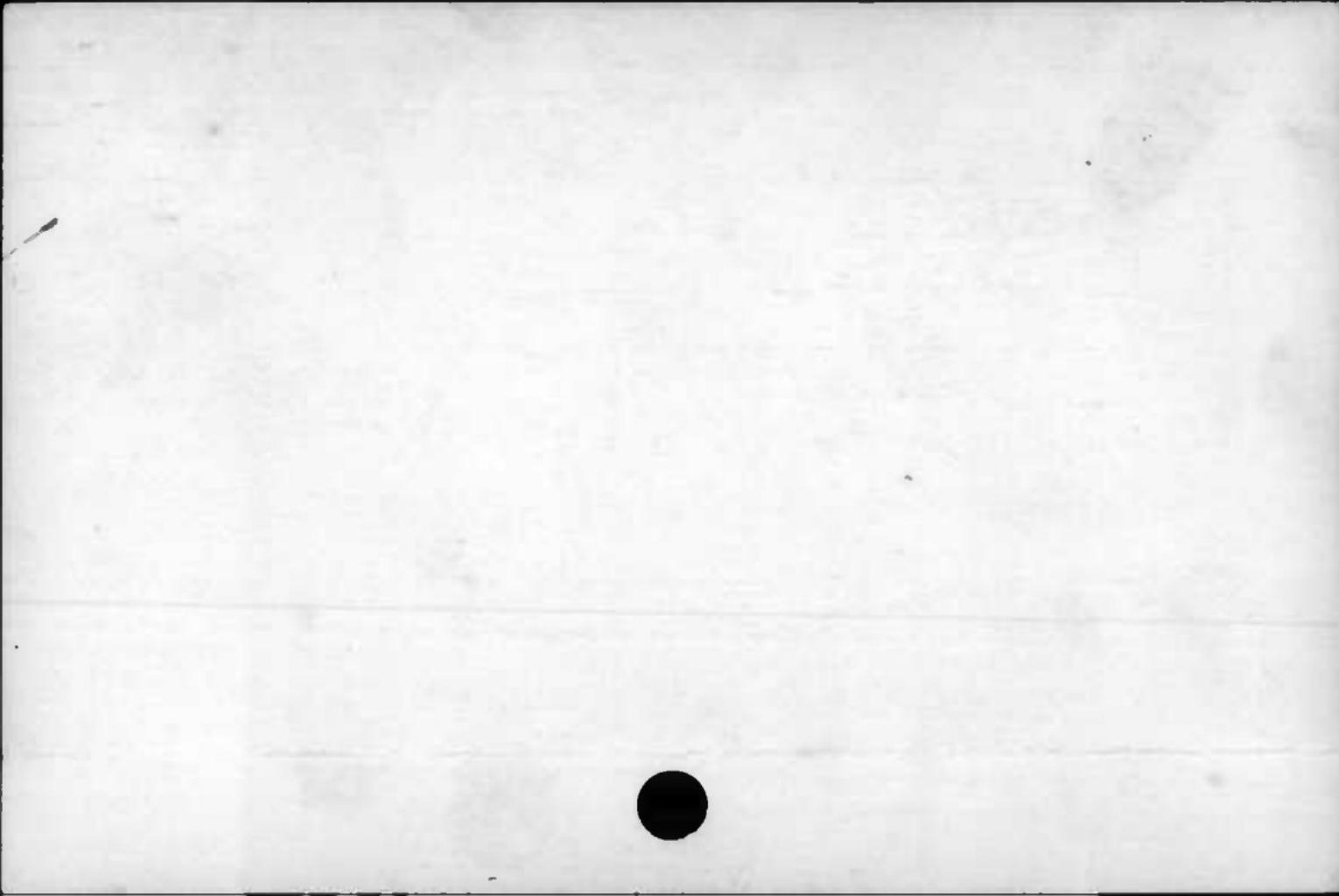
yes

Signature of Physician

Address

Harry G. Skinner
Maryland

Accident or Suicide?

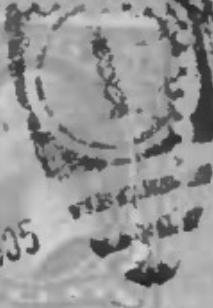


John Osborne.

Died at		Town	County				Native of		Occupation
1901	Date	Hanover, Md., Bethesda, Md., C.	Maryland	Y	M.	D.	DC		
Month Day		Age	0 3 19						
Male		White	Married	Widow			Divorced		
Female		Colored	Single	Widower			Number of children living		
Husband of		?							
Wife		?							
Father's Name		?					Mother's Name		
Cause of Death		Primary		Nasasmus			How long sick		
		Immediate		Exhaustion			During life		
Reported by		J. W. W. M.					Accident, Suicide, Homicide		
Address		1232 14th St.					Wash. D. C.		

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr W. L. Lewis
Kensington,
Montgomery Co., Md.



Fred Roy ?

Town

County

MARYLAND

Died at

Foundling Hosp. Bethesda - Monk's

1905

Month

Day

Y

M.

D.

Native of

Occupation

Date 1905

Male

White

Age

0

3

2

D.F.

Female

Colored

Single

Widow

Divorced

Husband

of

?

Mother

Name

Wife

?

Father's

?

Name

Cause of

Primary

Morbus

How long sick

During life.

Death

Immediate

Exhaustion.

Accident, Sudden, Homicide

Reported by

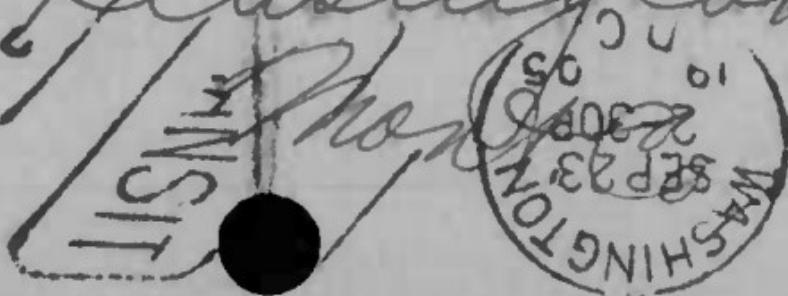
J. W. Wall ms

Address

3232-14th m. Wash. D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr W. L. Lewis,
Kensington,
Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Reddick

CERTIFICATE OF DEATH

Died <u>near Brighouse</u>	Town	County	MARYLAND		
Date of death <u>1905</u>	Month <u>Aug.</u>	Day <u>22</u>	Years <u>-</u>	Months <u>-</u>	Days <u>7</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Occupation <u>-</u>	Birth-place <u>Montgomery Co., Md.</u>		
Married, Single or Widowed <u>Single</u>					
Name of Wife or Husband <u>-</u>					
Father's Name <u>Martin Reddick</u>	Father's Birthplace <u>Montgomery Co., Md.</u>				
Mother's Maiden Name <u>Bessie Swan</u>	Mother's Birthplace <u>Montgomery Co., Md.</u>				
Name of person giving information <u>Martin Reddick</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

Q3 ✓

How long

3 or 4 hours

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

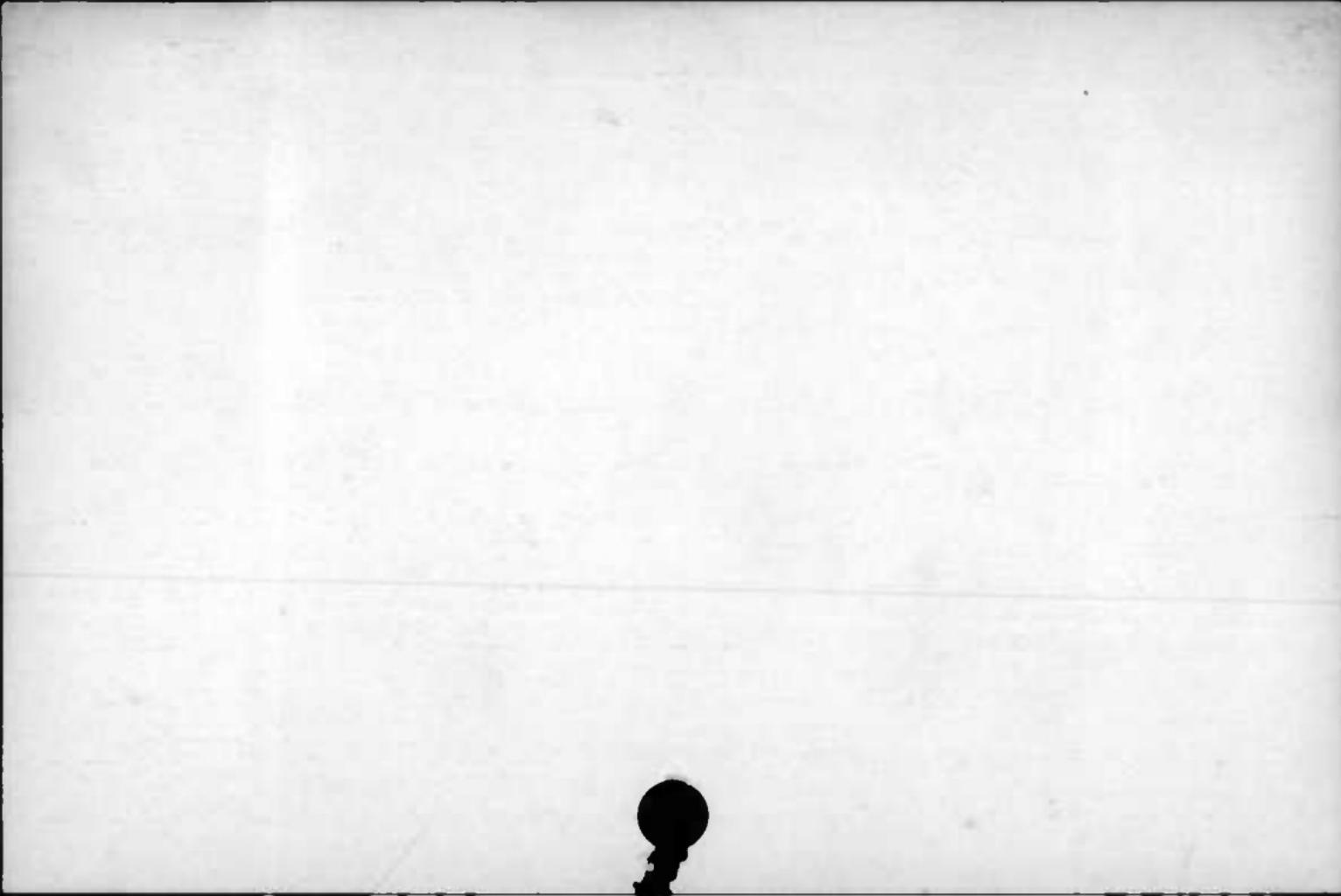
Address

Chas. Fargulian, M.D.

Olivey

Med.

Accident or Suicide?



Name in Full

Certificate of Death

Helen Rickets

Town

County

MARYLAND

Died at

Baltimore

Montgomery

Month

Day

Y.

M.

D.

Native of

Date 189

25 8 24

20-

Ma.

Occupation

Male

White

Age
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's
Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

Death

Immediate

Exhaustion

Accident; Suicide, Homicide

Reported by

C. H. Nurse M.S.
Denton

Address

Copied
W.L. Lewis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

THE LOST

WORLD WAR II
REMEMBRANCE

BY ROBERT J. HARRIS
WITH A FOREWORD BY RONALD REAGAN

ILLUSTRATED WITH 100 PHOTOGRAPHS

INTRODUCED BY THE AUTHOR'S SON, ROBERT HARRIS

WITH A NEW AFTERWORD BY ROBERT HARRIS

INTRODUCED BY ROBERT HARRIS



<i>Mrs John W. Spague</i>						<i>Montgomery</i>	<i>MARYLAND</i>	
Died at	<i>Olney</i>	Town	County					
Date	<i>1905</i>	Month	Day	Y.	M.	D.	Native of	
				<i>83</i>	<i>- -</i>	<i>Ohio</i>	Occupation	
	<i>White</i>	Married		<i>Widow</i>			<i>Divorced</i>	
	<i>Colored</i>	Single		<i>Widower</i>			<i>Number of children living</i>	
Husband of	<i>John W. Spague</i>						<i>- 5 -</i>	
Wife	<i>Jabez Wright</i>						<i>Mother's</i>	
Father's Name	<i>Jacob Ruggles</i>						<i>Maiden Name</i>	
Cause of Death	Primary	<i>Accut investigation</i>						How long sick
	Immediate	<i>Heart failure</i>						<i>1/2 hour</i>
Reported by	<i>Roger Bunker</i>						Accident, Suicide, Homicide	
Address	<i>Sandy Spring Md</i>							

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Perry Sullivan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Died at	Baltimore	Montgomery			
Date of death	Month	Day	Years	Months	Days
1905	Aug	28	Age 80		
Sex	Male	Color or Race	White	Birth-place	Md.
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Catherine Thompson		
Father's Name	Richard Sullivan		Father's Birthplace	Md.	
Mother's Maiden Name	Elizabeth Todd		Mother's Birthplace	"	
Name of person giving information	Catherine Sullivan		How related to deceased	wife	

CAUSES OF DEATH

Primary

Carcinoma

How long

Five yrs

Immediate

Syncope

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

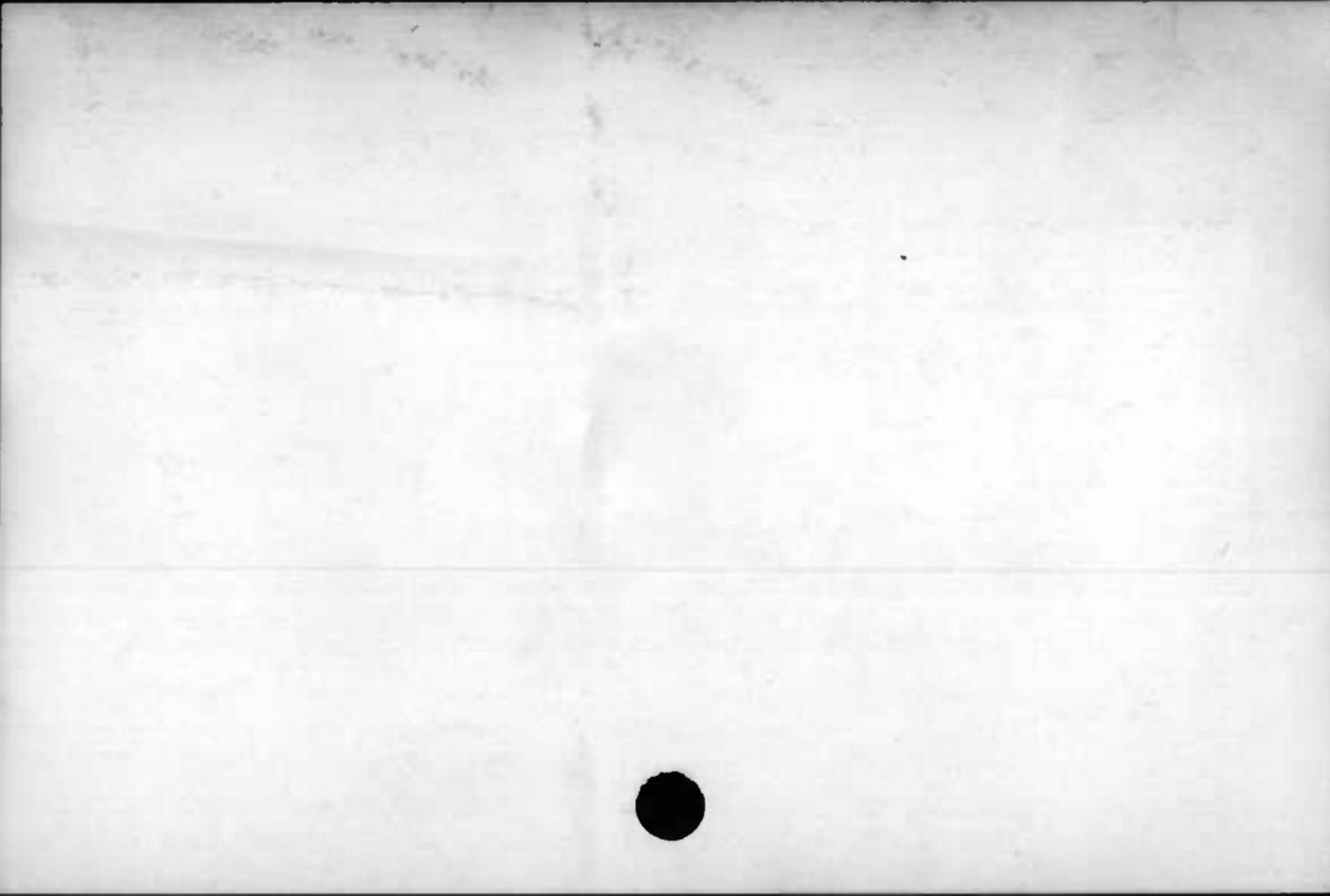
H. J. Brown

Yes

Address

Burnt Mills
Molt

Accident or Suicide?



Name in Full

Certificate of Death

Julius Arthur Hackett Wallser

Died at ^{Town} near Sandy Spring County ^{County} Montgomery MARYLAND

Date 1905 Month Aug. Day 22 Y. M. D. - 2 - 7 Native of ~~Montgomery Md.~~

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of —

Wife

Father's Name

Will Hackett

Mother's Maiden Name

Wallser
Hackett

Cause of Death

Primary

Whooping Cough

How long sick

Immediate

Asthma

about 3 weeks

Accident, Suicide, Homicide

Reported by

Thomas Wallser

Address

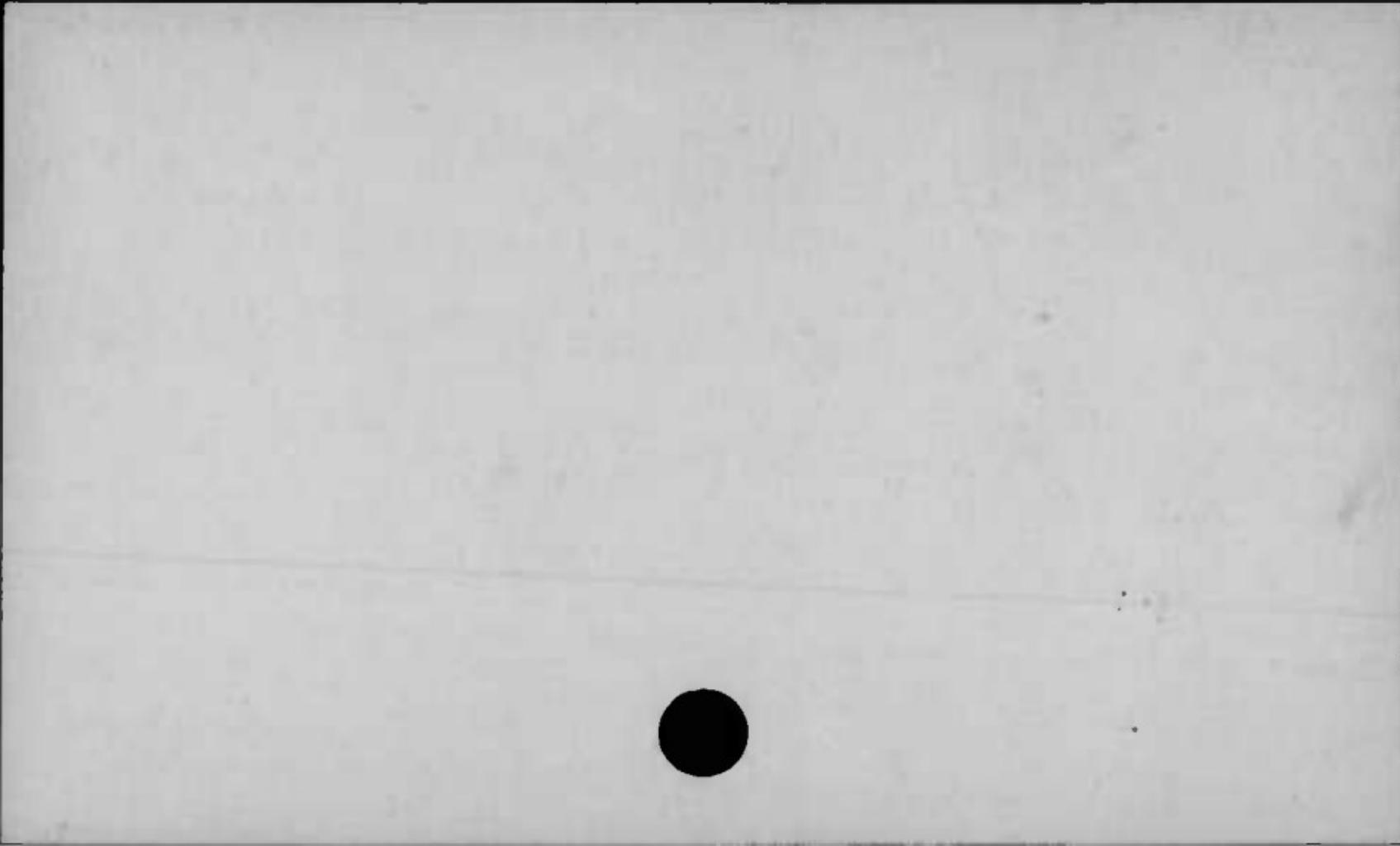
Sandy Spring. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



<i>Mary Helen Walker</i>					
Town	County		MARYLAND		
Died at	<i>Sandy Spring</i>	<i>Montgomery</i>			
Date	Month	Day	Y.	M.	D.
1905	Aug	7	-	4	-
Male	White	Age	Native of		Occupation
Female	Colored	Married	Widow	Divorced	
Husband of					
Wife					
Father's Name	<i>Thomas W. Walker</i>	Mother's Maiden Name	<i>Mary E. Bond</i>		
Cause of Death	Primary Immediate	Whooping Cough Asthma, Strangulation.	V.S.	How long sick Accident, Suicide, Homicide	
Reported by	<i>Mrs. W. Walker (Mother)</i>				
Address	<i>Sandy Spring, Md.</i>				

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Annie Watts

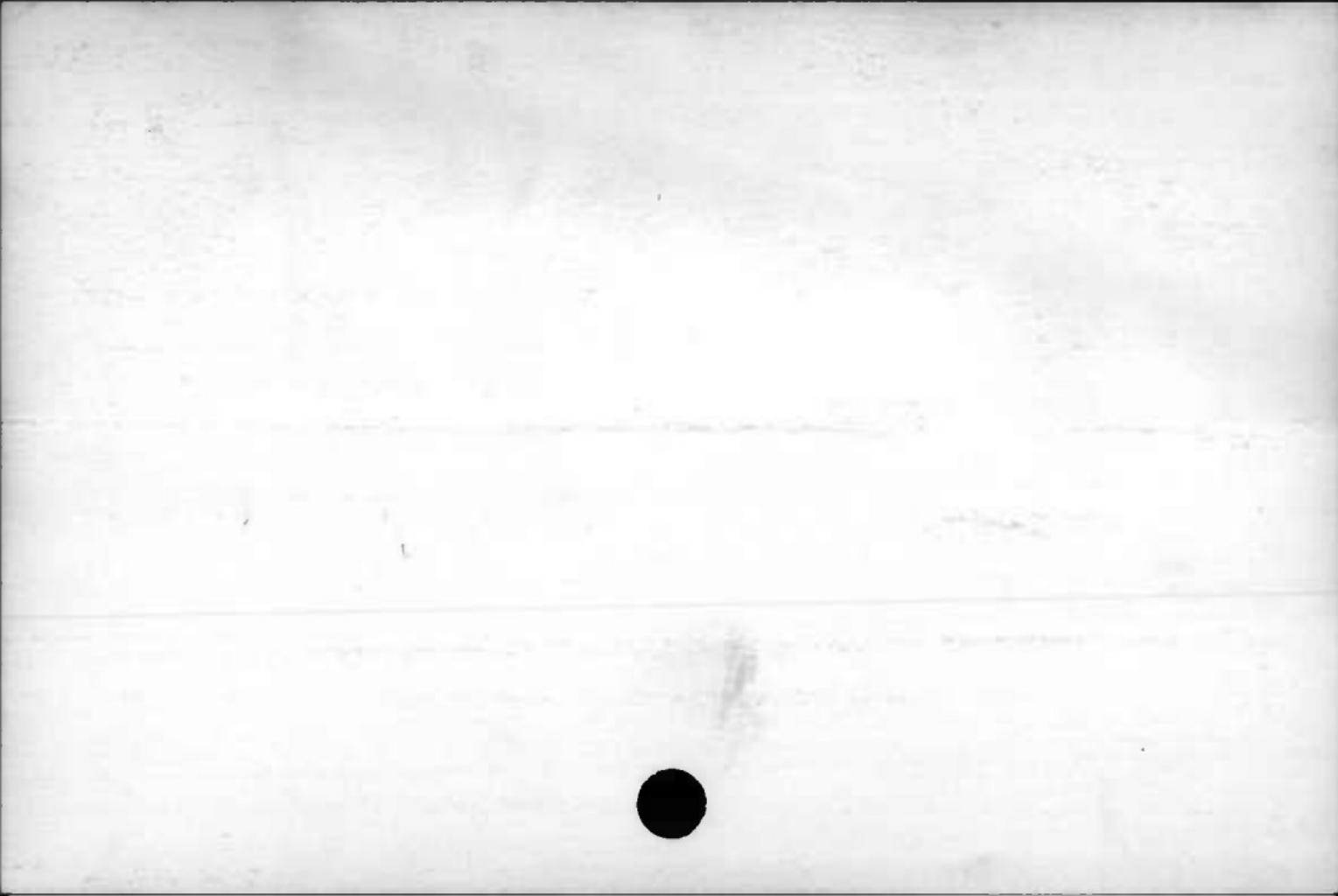
CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	John Watts			
Father's Name	Bill Pinton				
Mother's Maiden Name	ashton				
Name of person giving information	James Ashton				
CAUSES OF DEATH					
Primary	Dropsy				How long 2 month
Immediate	Heart failure				How long 5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. R. Ashton		
		Address	Spencerville Md		
Accident or Suicide?					



Name in Full

Certificate of Death

Leanna Watts

Town

County

Died at

Sandy Spring

Montgomery

MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1905

8 22

Y.

M.

D.

Native of

Male

White

Age 55

M.

D.

Native of

Female

Colored

Married

Widow

Divorced

Single

Widower

Number of children living

three

Husband

of

John Watts

Wife

Father's

Name

Mother's

Name

Mary Flannan

Cause of

Primary

Enlarged Heart

How long sick

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Roger Brister

Address

Sandy Spring MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

